

*Extension to 5/17/04*

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**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 07/01, 2002, and ending 06/30, 2003

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

**C** Name of organization: **ACTORS THEATRE WORKSHOP INC**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: **145 WEST 28th STREET 3rd fl**  
 City or town, state or country, and ZIP + 4: **NEW YORK, NY 10001-**

**D** Employer identification number: **13 3593882**

**E** Telephone number: **( 212 ) 947-1386**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**G** Web site. ▶

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

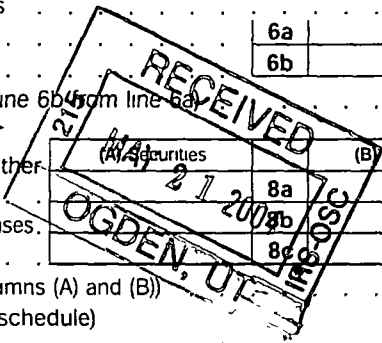
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **152,607**

**H and I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ .....  
**H(c)** Are all affiliates included?  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)

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>142,423</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		<b>142,423</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>10,184</b>
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe ▶)	<b>7</b>			
Revenue	<b>8a</b> Gross amount from sales of assets other than inventory	<b>8a</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		
Revenue	<b>9</b> Special events and activities (attach schedule)			
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
Revenue	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>152,607</b>
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>132,235</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>29,691</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>16,523</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>178,449</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-25,842</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>19,532</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>-6,310</b>



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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 (See page 21 of the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</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.	23,882	23,882		
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	2,400	1,680	480	240
32	Legal fees				
33	Supplies	13,259	9,281	2,652	1,326
34	Telephone	4,643	3,250	929	464
35	Postage and shipping	1,717	1,202	343	172
36	Occupancy	75,646	52,952	15,129	7,565
37	Equipment rental and maintenance	3,716	2,601	743	372
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	5,095	3,566	1,019	510
43	Other expenses not covered above (itemize): a				
	b				
	c <b>See attached schedule</b>	48,091	33,821	8,396	5,874
	d				
	e				
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>	<b>178,449</b>	<b>132,235</b>	<b>29,691</b>	<b>16,523</b>

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)

What is the organization's primary exempt purpose? <b>DANCE AND THEATRE PERFORMANCES</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a <b>"BUILDERS OF THE NEW WORLD" CULTURAL ARTS PROGRAM FOR CHILDREN AND YOUNG PEOPLE. PROGRAMS FOR NYC AREA CHILDREN AND ADULTS TO TEACH CREATIVE EXPRESSION.</b> (Grants and allocations \$ _____)	132,235
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	<b>132,235</b>

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

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		25,592	<b>45</b>	100
	<b>46</b> Savings and temporary cash investments . . . . .		33	<b>46</b>	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>		<b>47c</b>	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		10,000	<b>50</b>	10,000
	<b>51a</b> Other notes and loans receivable (attach schedule). . . . .	<b>51a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .			<b>53</b>	
	<b>54</b> Investments—securities (attach schedule). . . . .			<b>54</b>	
	<b>55a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule). . . . .	<b>55b</b>		<b>55c</b>	
	<b>56</b> Investments—other (attach schedule) . . . . .			<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b>	61,359		
<b>b</b> Less: accumulated depreciation (attach schedule). . . . .	<b>57b</b>	19,127			
<b>58</b> Other assets (describe ▶ _____ )		10,074	<b>58</b>	10,679	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		85,017	<b>59</b>	63,011	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		9,812	<b>60</b>	13,635
	<b>61</b> Grants payable . . . . .			<b>61</b>	
	<b>62</b> Deferred revenue . . . . .			<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule). . . . .		26,593	<b>63</b>	27,586
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ _____ )		28,100	<b>65</b>	28,100
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		64,505	<b>66</b>	69,321	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	<b>67</b> Unrestricted . . . . .			<b>67</b>	
	<b>68</b> Temporarily restricted . . . . .			<b>68</b>	
	<b>69</b> Permanently restricted . . . . .			<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		19,532	<b>72</b>	-6,310
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21). . . . .		19,532	<b>73</b>	-6,310	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		84,037	<b>74</b>	63,011	

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



<b>Part VI Other Information</b> (See page 27 of the instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
<b>80b</b>	If "Yes," enter the name of the organization ▶ ..... ..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b>	Enter direct or indirect political expenditures. See line 81 instructions. <b>81a</b>		
<b>81b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>82b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?		
<b>85a</b>	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>85b</b>	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85c</b>	<b>c</b> Dues, assessments, and similar amounts from members		
<b>85d</b>	<b>d</b> Section 162(e) lobbying and political expenditures		
<b>85e</b>	<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85f</b>	<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85g</b>	<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85h</b>	<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b>		
<b>86b</b>	<b>b</b> Gross receipts, included on line 12, for public use of club facilities. <b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders. <b>87a</b>		
<b>87b</b>	<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b>		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ ..... ; section 4912 ▶ ..... , section 4955 ▶ .....		
<b>89b</b>	<b>b</b> <b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
<b>89c</b>	<b>c</b> Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ .....		
<b>89d</b>	<b>d</b> Enter. Amount of tax on line 89c, above, reimbursed by the organization. ▶ .....		
<b>90a</b>	List the states with which a copy of this return is filed ▶ <b>NEW YORK</b>		
<b>90b</b>	<b>b</b> Number of employees employed in the pay period that includes March 12, 2002 (See instructions.) <b>90b</b>		
<b>91</b>	The books are in care of ▶ <b>ACTORS THEATRE WORKSHOP INC</b> Telephone no. ▶ <b>(212) 947-1386</b> Located at ▶ <b>145 WEST 28 STREET, NEW YORK, NY</b> ZIP + 4 ▶ <b>10001</b>		
<b>92</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here</b> ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>STUDIO RENTAL INCOME</b>					10,184
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .					10,184
105 Total (add line 104, columns (B), (D), and (E)). . . . .					10,184

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103	Organization rents space to other not-for-profits for their practices and productions

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 9970 and Form 4720 (see instructions).

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

Please \_\_\_\_\_ Date 5/17/04  
**ACTOR/PRESIDENT**



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

Yes No

**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

**1** X

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.

**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.)

[Hatched area]

**a** Sale, exchange, or leasing of property?

**2a** X

**b** Lending of money or other extension of credit?

**2b** X

**c** Furnishing of goods, services, or facilities?

**2c** X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**2d** X

**e** Transfer of any part of its income or assets?

**2e** X

**3** Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

**3** X

**4** Do you have a section 403(b) annuity plan for your employees?

**4** 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.

[Hatched area]

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

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

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	197,514	195,624	119,605	151,275	664,018
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					
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		32	60		92
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	20,463	23,817	22,176	23,866	90,322
23 Total of lines 15 through 22	217,977	219,473	141,841	175,141	754,432
24 Line 23 minus line 17	217,977	219,473	141,841	175,141	754,432
25 Enter 1% of line 23	2,180	2,195	1,418	1,751	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 15,089
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 191,701
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 754,432
d Add: Amounts from column (e) for lines:	18 92	19			
22 90,322		26b 191,701			26d 282,115
e Public support (line 26c minus line 26d total)					26e 472,317
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 62.605642%
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			
17	20	21			27c
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 page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	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>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>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>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>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> 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 ) . . . . . . . . . .		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) . . . . . . . . . .		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<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>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		

**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)

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
<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>	
<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>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	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		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 page 11 of the instructions)

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		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> 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



Form. <b>990</b>	<b>Supplemental Schedule</b>	For Tax Year <b>2002</b>
Name <b>ACTORS THEATRE WORKSHOP INC</b>		Employer ID Number <b>13-3593882</b>

**Page 2, part II, line 43**

	<u>Total</u>	<u>Program Services</u>	<u>Management and general</u>	<u>Fundraising</u>
ADVERTISING AND PUBLIC RELATIONS	3,220	3,220		
BANK CHARGES AND FEES	1,236		1,236	
CLEANING SERVICES	4,126	2,888	825	413
DUES AND SUBSCRIPTIONS	150		150	
FUNDRAISING COSTS	2,850			2,850
GIFTS	450		450	
INSURANCE	4,288	3,001	858	429
LOCAL TRANSPORTATION	810	567	162	81
PROGRAM EXPENSES-SUPPLIES	9,436	9,436		
RECRUITING	325		325	
REPAIRS	188		188	
STORAGE	10,498	7,349	2,100	1,049
UTILITIES	9,677	6,774	1,935	968
WASTE	837	586	167	84
	<u>\$ 48,091</u>	<u>\$ 33,821</u>	<u>\$ 8,396</u>	<u>\$ 5,874</u>

Form <b>990</b>	<b>Supplemental Schedule</b>	For Tax Year <b>2002</b>
Name <b>ACTORS THEATRE WORKSHOP INC</b>		Employer ID Number <b>13-3593882</b>

**Page 3, part 4, Line 50**

**Loan receivable**

<b>Borrower name and title</b>	THURMAN SCOTT	
<b>Original amount</b>	5,000	
<b>Balance due</b>		5,000
<b>Date of note</b>	6/30/2001	
<b>Maturity date</b>		
<b>Repayment terms</b>		
<b>Interest rate</b>	0 0000	
<b>Security provided by borrower</b>		
<b>Purpose of loan</b>		
<b>Desc and FMV of consideration</b>		

<b>Borrower name and title</b>	JANET SCOTT	
<b>Original amount</b>	5,000	
<b>Balance due</b>		5,000
<b>Date of note</b>	6/30/2001	
<b>Maturity date</b>		
<b>Repayment terms</b>		
<b>Interest rate</b>	0 0000	
<b>Security provided by borrower</b>		
<b>Purpose of loan</b>		
<b>Desc and FMV of consideration</b>		

<b>Total:</b>		<u><u>\$ 10,000</u></u>
---------------	--	-------------------------

**Page 3, part IV, line 57**

	<u>Cost or other basis</u>	<u>Accumulated depreciation</u>	<u>Book value</u>
EQUIPMENT	8,238	8,238	
LEASEHOLD IMPROVEMENTS	2,269	1,362	907
FURNITURE AND EQUIPMENT	21,760	1,932	19,828
COMPUTER EQUIPMENT	11,715	4,066	7,649
TELEPHONE SYSTEM	2,565	916	1,649
OFFICE EQUIPMENT	6,803	2,041	4,762
	8,009	572	7,437
<b>Total:</b>	<u><u>\$ 61,359</u></u>	<u><u>\$ 19,127</u></u>	<u><u>\$ 42,232</u></u>

Form. <b>990</b>	<b>Supplemental Schedule</b>	For Tax Year <b>2002</b>
Name <b>ACTORS THEATRE WORKSHOP INC</b>		Employer ID Number <b>13-3593882</b>

**Page 3, Part IV, Line 58**

<u>Description</u>	<u>Amount</u>
SECURITY DEPOSITS	10,679
<b>Total:</b>	<u><u>\$ 10,679</u></u>

**Page 3, part IV, line 63**

Lender name and title	THURMAN & JANET SCOTT	
Original amount	26,586	
Balance due		26,586
Date of note		
Maturity date		
Repayment terms		
Interest rate	0 0000	
Security provided by borrower		
Purpose of loan		
Description of consideration		
FMV of consideration		
Lender name and title	EILEEN BURKE	
Original amount	1,000	
Balance due		1,000
Date of note		
Maturity date		
Repayment terms		
Interest rate	0 0000	
Security provided by borrower		
Purpose of loan		
Description of consideration		
FMV of consideration		
<b>Total:</b>		<u><u>\$ 27,586</u></u>

**Page 3, Part IV, line 65**

<u>Description</u>	<u>Amount</u>
LOANS PAYABLE	28,100
<b>Total:</b>	<u><u>\$ 28,100</u></u>

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

**2002**

Attachment  
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**ACTORS THEATRE WORKSHOP INC**

**13-3593882**

**Part I Election To Expense Certain Tangible Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses . . . . .	1	\$24,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions . . . . .	5	
<b>6</b> (a) Description of property		(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29 . . . . .		7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .		8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .		9	
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562. . . . .		10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .		11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .		12	
13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12 ▶ . . . . .		13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions) . . . . .	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002 . . . . .	17	4,523
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		8,009	7. yr	HY	SLD	572
d 10-year property						
e 15-year property			25 yrs.		S/L	
f 20-year property			27.5 yrs.	MM	S/L	
g 25-year property			27.5 yrs.	MM	S/L	
h Residential rental property			39 yrs.	MM	S/L	
i Nonresidential real property				MM	S/L	

**Section C—Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (see page 6 of the instructions)**

21	Listed property. Enter amount from line 28. . . . .	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. . . . .	22	5,095
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time- Must File Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>ACTORS THEATRE WORKSHOP INC</b>	Employer identification number <b>13 3593882</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>145 WEST 28th STREET 3rd fl</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10001-</b>	

**Check type of return to be filed** (File a separate application for each return)

Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870

Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• 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 is for \_\_\_\_\_

4 I request an additional 3-month extension of time until May, 17, 2004.

5 For calendar year \_\_\_\_\_, or other tax year beginning July, 01, 2003 and ending June, 30, 2003.

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

7 State in detail why you need the extension Organization has had to replace it's bookkeeper and is having difficulty finding a volunteer who can do the work, as there are no funds available to pay for this service.

8a 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 \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. 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 \$ \_\_\_\_\_

**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 ▶ Michael Katz Title ▶ CPA Date ▶ 1/26/04

**Notice to Applicant- To Be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

**EXTENSION APPROVED!**

Director \_\_\_\_\_ By \_\_\_\_\_ Date FEB 03 2004

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>Michael Katz, CPA</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>7 Penn Plaza Suite 316</b>
	City or town, province or state, and country (including postal or ZIP code) <b>New York, NY 10001</b>

LINDA WILSON  
SUBMISSION PROCESSING, OGDEN