

Return of Organization Exempt From Income Tax

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 THE STATE THEATRE REGIONAL ARTS CENTER AT NEW BRUNSWICK, INC. D Employer identification number 16-1616384 E Telephone number F Accounting method Cash, Accrual

G Web site: WWW.STATETHEATRENJ.ORG J Organization type (check only one) X 501(c)(3) H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit GEN M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 6,361,072. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes a 'RECEIVED' stamp from IRSSOSC dated MAR 30 2004.

For Paperwork Reduction Act Notice, see the separate instructions.

ENVELOPE POSTMARK DATE MAR 25 2004

SCANNED APR06'04

Handwritten initials and marks at the bottom right corner.

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)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

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 [X] 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? ARTISTIC AND CULTURAL DEVELOPMENT.

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)

Table with 2 columns: Description, Program Service Expenses. Rows include: a STMT 4 (Grants and allocations \$ 6,042,740), b, c, d, e Other program services, f Total of Program Service Expenses (should equal line 44, column (B), Program services) 6,042,740.

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

			(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45	Cash - non-interest-bearing	NONE	45	313,127.	
	46	Savings and temporary cash investments		46		
	47a	Accounts receivable		290,444.		
	b	Less allowance for doubtful accounts	NONE	47c	290,444.	
	48a	Pledges receivable		167,235.		
	b	Less allowance for doubtful accounts	NONE	48c	167,235.	
	49	Grants receivable	NONE	49	46,663.	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a	Other notes and loans receivable (attach schedule)				
	b	Less allowance for doubtful accounts		51c		
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges	NONE	53	95,381.	
	54	Investments - securities (attach schedule) STMT. 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	NONE	54	3,489,169.	
	Liabilities	55a	Investments - land, buildings, and equipment basis		55a	
b		Less accumulated depreciation (attach schedule)		55b	55c	
56		Investments - other (attach schedule)		56		
57a		Land, buildings, and equipment basis		1,548,084.		
b		Less accumulated depreciation (attach schedule)		57b	1,227,769.	
58		Other assets (describe <input type="checkbox"/>)	NONE	57c	320,315.	
58		Other assets (describe <input type="checkbox"/>)		58		
59		Total assets (add lines 45 through 58) (must equal line 74)	NONE	59	4,722,334.	
Net Assets or Fund Balances		60	Accounts payable and accrued expenses	NONE	60	222,492.
		61	Grants payable		61	
	62	Deferred revenue	NONE	62	979,684.	
	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) STMT. 7.		64b	1,499,800.	
65	Other liabilities (describe <input type="checkbox"/>)		65			
66	Total liabilities (add lines 60 through 65)	NONE	66	2,701,976.		
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74	67	Unrestricted	NONE	67	-1,850,247.	
	68	Temporarily restricted	NONE	68	NONE	
	69	Permanently restricted	NONE	69	3,870,605.	
	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)	NONE	73	2,020,358.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	NONE	74	4,722,334.		

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 VI Other Information (See page 27 of the instructions.)

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?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a 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?
80 b If "Yes," enter the name of the organization
81 a Enter direct or indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a 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?
82 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)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89 b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)
91 The books are in care of
91 Located at
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 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 TICKET SALES					3,949,890.
b RENT: STATE THEATRE					566,453.
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			14	95,829.	
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			18	-20,568.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b STMT 10		297,420.			151,932.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		297,420.		75,261.	4,668,275.
105 Total (add line 104, columns (B), (D), and (E))					5,040,956.

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)
▼	STMT 11

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 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.

Please Sign Here

Signature of officer: Chris Joseph Butler Date: 3/16/04

Date	3/15/04	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
			P00037696

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2002

Name of the organization **THE STATE THEATRE REGIONAL ARTS CENTER**
AT NEW BRUNSWICK, INC. Employer identification number
16-1616384

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
<u>HAROLD KORIN</u>	GROUP SALES	75,392.		
<u>MIKE SIVITZ</u>	HOUSE CREW	52,843.		
<u>RICHARD STANEK</u>		52,807.		
<u>CRAIG WERNER</u>	HOUSE CREW	52,609.		
Total number of other employees paid over \$50,000	NONE			

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
<u>POLARIS PRINTING CO</u>		
<u>1300 WELLINGTON AVE., TEANECK, NJ 07666</u>	PRINTING	136,308.
<u>UNION HILL PRINTING CO.</u>		
<u>1061 SLOCUM AVENUE, RIDGEFIELD, NJ</u>	PRINTING	122,277.
<u>JYL MAS CORP</u>		
<u>146 WEST 56 ST., NY, NY 10019</u>	ARTIST FEES	114,313.
<u>INTL CLASSIC ARTISTS MGMT</u>		
<u>40 WEST 57 ST., NY, NY 10019</u>	ARTIST FEES	102,500.
<u>PARK AVENUE THEATRICAL GROUP</u>		
<u>404 PARK AVENUE SOUTH, NY, NY 10016</u>	ARTIST FEES	83,000.
Total number of others receiving over \$50,000 for professional services	8	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

JSA
2E1210 1 000

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 1 or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
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

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)

JSA 2E1220 1 000 Schedule A (Form 990 or 990-EZ) 2002

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

Table with columns for years (a) 2001, (b) 2000, (c) 1999, (d) 1998, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

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
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?	29	
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?	30	
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)	31	

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
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?	34a	
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	34b	
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	35	

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) NOT APPLICABLE

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

Table with columns: Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred), (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

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)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (2002, 2001, 2000, 1999) and Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, and Grassroots nontaxable amount.

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table for reporting lobbying activity with columns: Yes, No, Amount. Rows list various activities like Volunteers, Paid staff, Media advertisements, Mailings, Publications, Grants, Direct contact, and Rallies.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
 =====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	161,829.
TRANSFER OF NET ASSETS FROM NEW BRUNSWICK CULTURAL CENTER	2,619,485.

TOTAL	2,781,314. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
MARKETING/BOX OFFICE	892,209.	892,209.		
ARTIST FEES	2,473,471.	2,473,471.		
FUNDRAISING	285,193.			285,193.
INSURANCE	93,088.	78,088.	15,000.	
EDUCATION PROGRAM	69,677.	69,677.		
PRODUCTION	341,885.	341,885.		
MISCELLANEOUS	77,375.		77,375.	
TOTALS	4,232,898.	3,855,330.	92,375.	285,193.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

THE ORGANIZATION PRESENTS A DIVERSITY OF WORLD-CLASS EVENTS INCLUDING INTERNATIONAL ORCHESTRAS, BROADWAY MUSICALS, JAZZ PRODUCTIONS, DANCE ENSEMBLES, TOURING OPERAS, COUNTRY MUSIC, EDUCATIONAL PROGRAMS, CHILDREN'S EVENTS, WORLD MUSIC, A FILM SERIES, AND MORE.

6,042,740.

TOTAL

6,042,740.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	95,381.
TOTALS	----- 95,381. =====

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
INVESTMENTS - MUTUAL FUNDS	3,489,169.
TOTALS	----- 3,489,169. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: COMMERCE BANK
 ORIGINAL AMOUNT: 300,000.
 INTEREST RATE: 5.250000
 SECURITY PROVIDED: UNSECURED LOAN
 PURPOSE OF LOAN: PROCEEDS USED TO MAKE INVESTMENTS
 ENDING BALANCE DUE 300,000.

LENDER: UBS/PAINE WEBBER
 ORIGINAL AMOUNT: 1,160,000.
 SECURITY PROVIDED: ORGANIZATION'S BROKERAGE ACCT IS COLLATERAL
 PURPOSE OF LOAN: VARIOUS USES TO FURTHER EXEMPT PURPOSE
 ENDING BALANCE DUE 1,160,000.

LENDER: STEINWAY PAINO
 ORIGINAL AMOUNT: 39,800.
 MATURITY DATE: 08/01/2003
 PURPOSE OF LOAN: PURCHASE OF CONCERT GRAND PIANO
 ENDING BALANCE DUE 39,800.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 1,499,800.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION
MARK HOUGH 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	PRESIDENT/CEO 40	161,246.
CHRISTOPHER BUTLER 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	VICE PRESIDENT/COO 40	113,030.
GERALD CAMPAGNA 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	DIRECTOR OF FINANCE 40	65,650.
DAVID HARTKERN 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	GENERAL MANAGER 40	55,000.
LIAN FARRER 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	DIR. OF EDUCATION 40	62,418.
MELINDA MCALEER 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	VP OF DEVELOPMENT 40	75,000.
MARC FLEMING 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	VP OF MARKETING 40	86,400.
MARK SHARP 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	DIRECTOR OF OPER. 40	58,000.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION
JENNIFER MCBURNEY 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	DIRECTOR OF SALES 40	52,015.
JASON MARSHALL 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 09801	HOUSE MANAGER 40	34,000.
GRAND TOTALS		762,759.

The State Theatre Regional Arts Center at New Brunswick, Inc.
(EIN: 16-1616384)

Question 4

(a)

BOARD OF TRUSTEES 2001-2002

OFFICERS

Thomas F. Kelso, Esq., Chairperson
15 Clifton Avenue
New Brunswick, NY 08901
(732) 846-3015

Attorney

- Kelso & Kaplan *
132 Hamilton Street
New Brunswick, NY 08901
(732) 246-4501 – phone
(732) 246-4347 - fax
tkelso@kelsokaplan.com - email

Executive Committee (Chair), Ex Officio all
Committees

Peter Tarricone, Vice Chairperson
81 Biser Road
Flemington, NJ 08822
(908) 788-3089

President

Herder Tarricone Associates *
699 Route 202
P.O. Box 460
Three Bridges, NJ 08887
(908) 782-2277 – phone
(908) 284-5201 – private office #
(908) 782-8041 – fax
pete@htwa.com – email

Executive Committee, Nominating
Committee (Chair)

Susan H. Block, Secretary
19 Valley Forge Drive
East Brunswick, NY 08816
(732) 238-5326
jnblock@home.com - email

Susan H. Block & Associates *
19 Valley Forge Drive
East Brunswick, NY 08816
(732) 238-9595 – phone
(732) 238-9595 – fax

Executive Committee, Finance Committee,
Fundraising Committee

Andrew J. Markey, Treasurer
84 Bullion Road *
Basking Ridge, NJ 07920
(908) 766-9651 – phone & fax
vuandy52@aol.com

Retired Treasurer
Johnson & Johnson
100 Albany Street
Suite 200
New Brunswick, NJ 08901
(732) 524-1251
(732) 524-1019

Executive Committee, Finance Committee
(Chair)

The State Theatre Regional Arts Center at New Brunswick, Inc.
(EIN: 16-1616384)

**ELECTED MEMBERS OF THE
BOARD**

Sonia Beatty
54 Oakland Avenue
Somerset, NJ 08873
(732) 545-5237

President
Targeted Business Solutions, Inc. *
Post Office Box 5446
Somerset, NJ 08875
(732) 545-5066 – phone
(732) 545-2998 – fax
TBSINC@msn.com - email

Marketing Committee, Volunteer Resources
Committee

Dorothea Berkhout, Ph. D.
64 William Street *
Princeton, NY 08540
(609) 688-0378

Assoc. Dean, Bloustein School of Planning
& Public Policy, Rutgers U.
33 Livingston Avenue
New Brunswick, NJ 08901
(732) 932-2993 ext 750 – phone
(732) 932-1771 – fax
berkhout@rci.rutgers.edu - email

Education Committee, Nominating Comm.

Madiha Boraie
8 Desmet Avenue *
Milltown, NJ 08850
(732) 828-3072

Boraie Realty
257 Livingston Avenue
New Brunswick, NJ 08901
(732) 846-3700 – daytime phone
(732) 846-9044 – fax

Frankie Busch
233 Hamlin Road
North Brunswick, NJ 08902
(732) 297-3585 – phone
(732) 297-4423 – fax
marknb18@aol.com - email

Education Committee, Executive
Committee, Fundraising Committee

Andrea Cunnell
34 MacAfee Road *
Somerset, NJ 08873
(732) 214-9132
acunnell@ix.netcom.com - email

Co-owner
Birn Chocolate
Madison and Cleveland Avenues
Highland Park, NJ 08904
(732) 545-4400 – phone
(732) 545-4494 – fax

Executive Committee, Fundraising
Committee

Efrem B. Dlugacz
193 Sayre Drive
Princeton, NJ 08540
(609) 419-4368

Vice President
Worldwide Benefits/Health Resources
Johnson & Johnson *
410 George Street
New Brunswick, NJ 08901-2021
(732) 524-3185 – phone
(732) 524-2343 – fax
edlugacz@corus.inj.com - email

Finance Committee, Fundraising Committee

The State Theatre Regional Arts Center at New Brunswick, Inc.
(EIN: 16-1616384)

Kevin Egan
44 Jefferson Avenue
New Brunswick, NJ 08901

I.B.E.W. Local Union #456 *
1295 Livingston Avenue
North Brunswick, NJ 08902
(732) 246-2122 – phone
(732) 246-8076 – fax

Fundraising Committee, Volunteer
Resources Committee

John J. Gantner
5 Long Hill Road
Long Valley, NJ 07853
(908) 879-7323 – home
(908) 879-6429 – home fax
JohnGantfam@aol.com - home email

Treasurer
Robert Wood Johnson University Hospital
1 Robert Wood Johnson Place
New Brunswick, NY 08901
(732) 937-8910 – work

Finance Committee

Helene M. Garcia
49 Cliveden Court
Lawrenceville, NY 08648
(609) 895-1556

Vice President of Community Relations
Merrill Lynch *
1300 Merrill Lynch Drive, 1st Floor
Pennington, NJ 08534-4121
(609) 274-5252 – phone
(609) 274-0108 – fax
Helene_Garcia@ml.com

Fundraising Committee, Volunteer
Resources Committee

John A. Griffith
23 Stephen Street
Montclair, NJ 07042
(973) 746-5136

Regional Public Affairs Manager
Public Service Electric & Gas Co. *
900 West Grand Street
Elizabeth, NJ 07202
(908) 558-7572 - phone
(908) 353-7902 – fax
(908) 229-3488 – cell

Nominating Committee, Volunteer
Resources Committee

C. Judson Hamlin
26 Scottsdale Road *
Cranbury, NJ 08512

Purcell, Reis, Shannon, Mulcahy & O'Neill
1 Pluckemin Way
P.O. Box 754
Bedminster, NJ 07921
(908) 658-3800
(908) 306-6724 (direct line)

(215) 923-5214 (PA office)
jhamlin@prsmo.com - email

Robert Gluck
302 Fresh Ponds Road
North Brunswick, NJ 08902
(732) 940-1148

Mandelbaum, Salsburg, Gold, Lazris,
Discenza & Steinberg, P.C.
303 George St., Suite 110
New Brunswick, NJ 08901
(732) 628-0900

The State Theatre Regional Arts Center at New Brunswick, Inc.
(EIN: 16-1616384)

John J. Heldrich
239 Harrison Avenue
Highland Park, NJ 08904
(732) 246-7255 - phone
(732) 628-0131 - fax

Retired Board & Executive
Committee Member
Johnson & Johnson *
100 Albany Street - Suite 200
New Brunswick, NJ 08901
(732) 524-6286 - phone
(732) 524-1019 - fax

Executive Committee, Volunteer Resources
Committee

Jacqueline Keller
2 Gloucester Court
East Brunswick, NJ 08816
(732) 238-1576 - phone
(732) 238-5633 - fax
jakeller352@hotmail.com - email

Fundraising Committee, Nominating
Committee

Howard A. Mileaf, Esq.
64 Brookdale Court *
Highland Park, NJ 08904
(732) 828-1224 - phone
hamleaf@aol.com - email

V.P. Special Counsel
WHX Corporation
110 East 59th Street, 30th Floor
New York, NYY 10022
(212) 355-5200 ext 218 - phone
(212) 355-5336 - fax

Finance Committee

Rita Novitt
5 Gordon Way *
Princeton, NJ 08540
(609) 924-2452 - phone/fax
ritawho@aol.com - email

Consultant
Kellogg National Fellowship Program

Fundraising Committee, Nominating
Committee

William H. Powell
7 Applewood Drive
Hopewell, NJ 08525
(609) 466-4510

Chairman and CEO
National Starch & Chemical Co. *
10 Finderne Avenue
Bridgewater, NJ 08807-0500
(908) 685-5000 - phone
(908) 685-2725 - fax
william.powell@nstarch.com - email

Fundraising Committee, Marketing
Committee, Nominating Committee

Arlene Reiter, Esq.
19 Harwood Road
Monroe Township, NJ 08831
(609) 409-7920

Attorney
Kahn & Reiter *
200 Livingston Avenue
New Brunswick, NJ 08901
(732) 828-8989 - phone
(732) 828-6508 - fax
reiter56@aol.com - email

Education Committee, Volunteer Resources
Committee

The State Theatre Regional Arts Center at New Brunswick, Inc.
(EIN: 16-1616384)

Ralph W. Vorhees
316 Lincoln Avenue *
Highland Park, NJ 08904
(732) 545-4508
RBV316@aol.com - email

Sr. Vice President, Investments
Paine Webber, Inc.
P.O. Box 2914
343 Thornall Street
Edison, NJ 08818-2914
(732) 494-2220 - phone
(732) 906-3077 - fax

Executive Committee, Finance Committee,
Fundraising Committee, Nominating Comm.

Jerry Weisfogel, MD, FACC
21 Wakefield Drive
Piscataway, NJ 08854
(732) 220-1749

Doctor/Owner
Metuchen Heart Associates, P.A. *
481 Memorial Parkway
Metuchen, NJ 08840
(732) 321-8644 - phone
(732) 321-8674 - private office #
(732) 321-9095 - fax
(732) 821-5511 - Kendall Park office
(732) 493-7225 - beeper

Education Committee, Fundraising Comm.

DESIGNATED MEMBERS
(Right of office)

James M. Cahill, Mayor, City of New Brunswick
City Hall, 78 Bayard Street
New Brunswick, NJ 08901
(732) 745-5004 - phone
(732) 214-1941 - fax

David B. Crabel, Freeholder Director
170 N. Main Street
Milltown, NJ 08850
(732) 745-5692 - office
(732) 745-9643 - fax

H. James Polos, Freeholder
48 Sullivan Way
Highland Park, NJ 08904
(732) 249-7477 - home
(732) 249-2611 - office
(732) 745-3110 - fax

The State Theatre Regional Arts Center at New Brunswick, Inc.
(EIN: 16-1616384)

EMERITUS MEMBERS

Joan Schwartzman
3210 Miro Drive South
Palm Beach Gardens, FL 33410
(561) 691-9901

Paul Smilow, M.D.
7 Lakeside Drive
Lee, MA 01238
(413) 243-3155
paulsmilow@aol.com

Benjamin S. Bucca (Deceased 1/4/02)

HONORARY MEMBER

John A. Lynch
New Direction
1 Executive Drive, Suite 10
Red Bank, NJ 07701
(732) 747-1965

* Preferred Mailing Address
3/15/02

NON-TRUSTEE OFFICERS

Mark Hough, President
The State Theatre Regional Arts
Center at New Brunswick, Inc.
11 Livingston Ave.
New Brunswick, NJ 08901
(732) 247-7200

**Christopher Butler, Vice President for
Programming and Operations**
The State Theatre Regional Arts Center
at New Brunswick, Inc.
11 Livingston Ave.
New Brunswick, NJ 08901
(732) 247-7200

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
TICKET ADMIN FEES					179,813.
MARKETING INCOME					6,135.
ADJ. DEFERRED INCM					-34,016.
FOOD/BEVERAGE SALE	722410	123,553.			
COAT CHECK INCOME	900000	1,003.			
MERCHANDISE SALES	900000	34,013.			
MISCELLANEOUS	900000	1,794.			
PLAYBILL ADVERTISI	541800	137,057.			
TOTALS		297,420.			151,932.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
--------------------	---

93A 93B	PROMOTES ARTISTIC AND CULTURAL WELFARE OF CENTRAL NJ. THE THEATRE IS MADE AVAILABLE TO A NUMBER OF COMMUNITY, CIVIC, AND PERFORMING ARTS ORGANIZATIONS ON A RENTAL BASIS.
103	TICKET HANDLING FEES AND MARKETING INCOME ARE DIRECTLY RELATED TO THE ORGANIZATION'S PROGRAM SERVICE REVENUE.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE PART V OF FORM 990 FOR DETAIL.

Part IV Capital Loss Limitation

17 Enter here and enter as a (loss) on Form 1041, line 4, the smaller of a The loss on line 16, column (3) or b \$3,000	17 (<u>3,000</u>)
--	---------------------

If the loss on line 16, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 34 of the instructions to determine your capital loss carryover

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part **only** if both lines 15a and 16 in column (2) are gains, and Form 1041, line 22 is more than zero.)

Note: If line 15b, column (2) or line 15d, column (2) is more than zero, complete the worksheet on page 35 of the instructions to figure the amount to enter on lines 20 and 38 below and skip all other lines below. Otherwise, go to line 18

18 Enter taxable income from Form 1041, line 22	18		
19 Enter the smaller of line 15a or 16 in column (2)	19		
20 If the estate or trust is filing Form 4952, enter the amount from line 4e, otherwise, enter -0-	20		
21 Subtract line 20 from line 19. If zero or less, enter -0-	21		
22 Subtract line 21 from line 18. If zero or less, enter -0-	22		
23 Figure the tax on the amount on line 22. Use the 2002 Tax Rate Schedule on page 21 of the instructions.			23
24 Enter the smaller of the amount on line 18 or \$1,850.	24		
If line 24 is greater than line 22, go to line 25. Otherwise, skip lines 25 through 31 and go to line 32.			
25 Enter the amount from line 22.	25		
26 Subtract line 25 from line 24. If zero or less, enter -0- and go to line 32.	26		
27 Enter the estate's or trust's allocable portion of qualified 5-year gain, if any, from line 15c, column (2).	27		
28 Enter the smaller of line 26 or line 27.	28		
29 Multiply line 28 by 8% (.08)			29
30 Subtract line 28 from line 26	30		
31 Multiply line 30 by 10% (.10)			31
If the amounts on lines 21 and 26 are the same, skip lines 32 through 35 and go to line 36.			
32 Enter the smaller of line 18 or line 21	32		
33 Enter the amount, if any, from line 26	33		
34 Subtract line 33 from line 32	34		
35 Multiply line 34 by 20% (.20)			35
36 Add lines 23, 29, 31, and 35			36
37 Figure the tax on the amount on line 18. Use the 2002 Tax Rate Schedule on page 21 of the instructions.			37
38 Tax on all taxable income (including capital gains). Enter the smaller of line 36 or line 37 here and on line 1a of Schedule G, Form 1041.			38

The State Theatre Regional Arts Center at New Brunswick
FYE June 30, 2003

Schedule of Realized Capital Gains and Losses

	<u>Amount</u>	<u>Month</u>	<u>No. of shares</u>
MFS Global Fund	\$ 7,471	August	9,001 622
MFS Massachusetts Investors Fund	6,332	August	10,552.764
MFS Mid-Cap Growth Fund	6,089	December	9,820.057
North Fork Bancorp.	193	August	66
Boston Scientific	31	September	75
Intel	6	September	80
First Third Bancorp.	34	December	59
Johnson & Johnson	29	December	47
Coca-Cola	27	December	10
Prudential Financial	17	December	160
Johnson & Johnson	225	March	142
Soverign Bancorp.	98	March	114
Boston Scientific	16	June	41
TOTAL REALIZED LOSSES	<u>\$ 20,568</u>		

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► 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	Name of Exempt Organization	THE STATE THEATRE REGIONAL ARTS C	Employer Identification number
		BRUNSWICK INC.	16-1616384
	Number, street, and room or suite no. If a P O box, see instructions.	11 LIVINGSTON AVENUE	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NEW BRUNSWICK, NJ 08901		

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 02/16, 2004 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 07/01, 2002, and ending 06/30, 2003

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. \$ _____

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. \$ _____

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. \$ _____

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 ► David Jordan Title ► CPA Date ► 11/12/2003

For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)

• If you are 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.

Form fields for Name of Exempt Organization (THE STATE THEATRE REGIONAL BRUNSWICK INC.), Employer identification number (16-1616384), and address (11 LIVINGSTON AVENUE, NEW BRUNSWICK, NJ 08901).

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

Form type selection grid including Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, and 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 05/17/2004
5 For calendar year, or other tax year beginning 07/01/2002 and ending 06/30/2003
6 If this tax year is for less than 12 months, check reason: Initial return (checked), Final return, Change in accounting period
7 State in detail why you need the extension: AWAITING INFORMATION FROM THIRD PARTIES NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made.
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.

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: David Jordan CPA Title: TAX ACCOUNTANT Date: 02/10/2004

Notice to Applicant - To Be Completed by the IRS

Approval checkboxes: We have approved this application, We have not approved this application (10-day grace period), We have not approved this application (cannot grant request), We cannot consider this application because it was filed after the due date, Other.

By: Director

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

Alternate Mailing Address fields: Name (AMPER, POLITZINER & MATTIA P.C.), Number and street (2015 LINCOLN HIGHWAY P.O. BOX 0988), City or town, province or state, and country (EDISON, NJ 08818-0988)