

**Short Form
Return of Organization Exempt From Income Tax**

2003

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2003 calendar year, or tax year beginning , 2003, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Showtimers of Roanoke Valley, Inc.		D Employer identification number 54-1488884
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. Box 21226		E Telephone number (540) 774-6954
		City or town, state or country, and ZIP + 4 Roanoke VA 24018-0124		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Web site: ▶ N/A

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

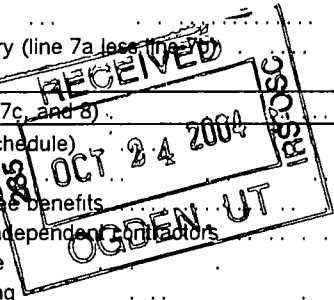
J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 78,603.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21												
REVENUE	1															6,945.																								
	2															58,023.																								
	3															1,045.																								
	4															590.																								
	5a																																							
	5b																																							
	5c																																							
	6																																							
	6a																																							
	6b																																							
6c																																								
7a																																								
7b																																								
7c																																								
8	Other revenue (describe ▶ Site Lease)																																							
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																																							
EXPENSES	10	Grants and similar amounts paid (attach schedule)																																						
	11	Benefits paid to or for members																																						
	12	Salaries, other compensation, and employee benefits																																						
	13	Professional fees and other payments to independent contractors																																						
	14	Occupancy, rent, utilities, and maintenance																																						
	15	Printing, publications, postage, and shipping																																						
	16	Other expenses (describe ▶ See Attached)																																						
17	Total expenses (add lines 10 through 16)																																							
ASSETS	18	Excess or (deficit) for the year (line 9 less line 17)																																						
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																						
	20	Other changes in net assets or fund balances (attach explanation)																																						
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																																						



Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See Instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	41,736.	43,211.
23	Land and buildings	177,130.	177,422.
24	Other assets (describe ▶ See Attached)	9,780.	8,394.
25	Total assets	228,646.	229,027.
26	Total liabilities (describe ▶ Payroll Withholdings)	711.	1,179.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	227,935.	227,848.

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? <u>See Attached Statement</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>See Attached</u>		
	(Grants \$ <u>0.</u>)	28a	31,028.
29			
	(Grants \$)	29a	
30			
	(Grants \$)	30a	
31	Other program services (attach schedule) .. (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a) ..	32	31,028.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>See Attached</u>				

Part V Other Information (Note the attachment requirement in the instructions)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and (4) organizations. 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 an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0.
d	Enter. Amount of tax on line 40c, above, reimbursed by the organization		0.
41	List the states with which a copy of this return is filed ▶ <u>Residency State: Virginia - No Filing Required</u>		
42	The books are in care of ▶ <u>Angela M. Jones</u> Telephone no. ▶ <u>(540) 819-8168</u>		
	Located at ▶ <u>149 Wildhurst Avenue; Roanoke, VA</u> ZIP + 4 ▶ <u>24012</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A

I am preparing this return on behalf of the organization and, based on all information of which preparer has any knowledge, it is based on all information of which preparer has any knowledge

10/15/04 Date ANGELA M. JONES, TREASURER Type or print name and title

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

2003

Name of the organization

Showtimers of Roanoke Valley, Inc.

Employer identification number

54-1488884

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

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶				None

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

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶		None

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		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.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
See Part IV, Form 990-EZ		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 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 instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	13,930.	12,168.	10,350.	12,958.	49,406.
16 Membership fees received	1,210.	1,020.	880.	699.	3,809.
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	59,040.	60,023.	65,693.	60,816.	245,572.
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	12,586.	12,260.	12,483.	12,143.	49,472.
19 Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0.	0.	0.	0.	0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0.	0.	0.	0.	0.
23 Total of lines 15 through 22	86,766.	85,471.	89,406.	86,616.	348,259.
24 Line 23 minus line 17	27,726.	25,448.	23,713.	25,800.	102,687.
25 Enter 1% of line 23	868.	855.	894.	866.	
26 Organizations described on lines 10 or 11:	<p>a Enter 2% of amount in column (e), line 24</p> <p>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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e)</p> <p>d Add: Amounts from column (e) for lines:</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a</p> <p>26b</p> <p>26c</p> <p>26d</p> <p>26e</p> <p>26f %</p>
27 Organizations described on line 12:	<p>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:</p> <p>(2002) <u>626.</u> (2001) <u>985.</u> (2000) <u>700.</u> (1999) <u>700.</u></p> <p>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:</p> <p>(2002) <u>0.</u> (2001) <u>0.</u> (2000) <u>0.</u> (1999) <u>0.</u></p> <p>c Add. Amounts from column (e) for lines:</p> <p>d Add: Line 27a total</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c 298,787.</p> <p>27d 3,011.</p> <p>27e 295,776.</p> <p>27f 348,259.</p> <p>27g 84.93 %</p> <p>27h 14.21 %</p>

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

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

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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 instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table –		
	If the amount on line 40 is –		
	The lobbying nontaxable amount is –		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h .)	X		
c Media advertisements	X		
d Mailings to members, legislators, or the public	X		
e Publications, or published or broadcast statements	X		
f Grants to other organizations for lobbying purposes	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		
i Total lobbying expenditures (add lines c through h .)			

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

SHOWTIMERS OF ROANOKE VALLEY, INC.
EIN: 54-1488884
ATTACHMENT TO FORM 990-EZ
YEAR ENDED: DECEMBER 31, 2003
PAGE 1 - PART I - LINE 16

OTHER EXPENSES

Program Services:

Cost of (5) productions performed in 2003.....	\$ 25,317
Cost of (1) production planned for 2004.....	1,222
Workshops.....	1,953
Brochure and ticket sales.....	1,181
Bank fees for credit card processing.....	<u>1,355</u>
Total program services.....	<u>31,028</u>

Administrative:

Computer support.....	542
Chamber of Commerce/Art Council dues.....	450
State Corporation Commission Annual Fee.....	50
Office expense.....	456
Public relations.....	663
Supplies.....	<u>1,211</u>
Total administrative.....	<u>3,372</u>
Grand total.....	\$ <u>34,400</u>

SHOWTIMERS OF ROANOKE VALLEY, INC.
EIN: 54-1488884
ATTACHMENT TO FORM 990-EZ
YEAR ENDED: DECEMBER 31, 2003
PAGE 1 - PART II - LINE 23

LAND AND BUILDINGS

Land Cost.....	\$ 2,103
Building Cost.....	9,147
Improvement Costs.....	<u>262,509</u>
Sub-Total.....	273,759
Accumulated Depreciation.....	(<u>96,337</u>)
Net Land & Building.....	\$ <u>177,422</u>

SHOWTIMERS OF ROANOKE VALLEY, INC.

EIN: 54-1488884

ATTACHMENT TO FORM 990-EZ

YEAR ENDED: DECEMBER 31, 2003

PAGE 1 - PART II - LINE 24

OTHER ASSETS

Equipment.....	\$ 23,037
Software.....	<u>1,015</u>
Sub-Total.....	24,052
Accumulated Depreciation.....	(<u>15,658</u>)
Total.....	\$ <u><u>8,394</u></u>

SHOWTIMERS OF ROANOKE VALLEY, INC.
EIN: 54-1488884
ATTACHMENT TO FORM 990-EZ
YEAR ENDED: DECEMBER 31, 2003
PAGE 2 - PART III - LINE 28

PRIMARY EXEMPT PURPOSE AND PROGRAM ACHIEVEMENTS

The organization's primary exempt purpose is to educate the public regarding the workings of amateur theatre and to provide entertainment through that same medium.

In 2003, the organization produced (5) plays for the general public with an all volunteer cast and crew. Both the volunteers and the general public benefitted from this exposure to amateur theatre.

SHOWTIMERS OF ROANOKE VALLEY, INC.

EIN: 54-1488884

ATTACHMENT TO FORM 990-EZ

YEAR ENDED: DECEMBER 31, 2003

PAGE 2 - PART 1V

LIST OF OFFICERS; DIRECTORS; TRUSTEES; AND KEY EMPLOYEES

<u>Name</u>	<u>Title & Hours Per Week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans & Deferred Compensation</u>	<u>Expense Account & Other Allowances</u>
Karen D. Moore 3344 Crittendon Avenue, N.W. Roanoke, VA 24012	President 15	\$ -0-	\$ -0-	\$ -0-
Cynthia Y. Gaines 345 Thrush Drive, N.W. Roanoke, VA 24017	Vice President 5	-0-	-0-	-0-
Eugene A. Galvin 2072 McVitty Road, S.W. Roanoke, VA 24018	Treasurer 15	-0-	-0-	-0-
Michael W. Ridenhour 2528 Stanley Avenue, S.E. Roanoke, VA 24011	Secretary 5	-0-	-0-	-0-
Benjamin H. Addison 5411 Darby Road Roanoke, VA 24012	Director 5	-0-	-0-	-0-
Angela M. Jones 149 Wildhurst Avenue, N.W. Roanoke, VA 24012	Director 5	-0-	-0-	-0-

SHOWTIMERS OF ROANOKE VALLEY, INC.

EIN: 54-1488884

ATTACHMENT TO FORM 990-EZ

YEAR ENDED: DECEMBER 31, 2003

PAGE 2 - PART IV

LIST OF OFFICERS; DIRECTORS; TRUSTEES; AND KEY EMPLOYEES (CONTINUED)

Cristina S. Emerson 4660 Long Acre Drive Roanoke, VA 24019	Director 10	-0-	-0-
Linda Hertzog 6121 Buckland Mill Road Roanoke, VA 24019	Director 5	-0-	-0-
E. Wayne Black 2266 Memorial Avenue, S.W Roanoke, VA 24015	Director 5	-0-	-0-

Note (1): Every officer and director receives a de minimis fringe benefit of two free season tickets valued at \$50.

Note (2): The spouse of board member Eugene A. Galvin was compensated \$8,400 for services rendered to the organization.
See disclosure re: Form 990 - Schedule A; Page 2 - Part III - Line 2d.

SHOWTIMERS OF ROANOKE VALLEY, INC.
EIN: 54-1488884
ATTACHMENT TO FORM 990 - SCHEDULE A
YEAR ENDED: DECEMBER 31, 2003
PAGE 2 - PART III - LINE 2d

PAYMENTS TO TRUSTEES, DIRECTORS, OFFICERS, ETC.

The organization paid the spouse of a board member, Eugene A. Galvin, a total of \$8,400 during 2003. The payments were made to Mr. Galvin's spouse primarily for her services in operating the organization's box office on performance nights and for her work as an administrative assistant. A W-2 was issued to Mrs. Galvin for 2003, reporting these payments as wages.

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 File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	Showtimers of Roanoke Valley, Inc.		54-1488884	
	Number, street, and room or suite number. If a P.O. box, see instructions			
	P.O. Box 21226		state	ZIP code
City, town or post office. For a foreign address, see instructions.				
Roanoke		VA	24018-0124	

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

- | | | |
|---|--|------------------------------------|
| <input 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 (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 Aug 16, 20 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 03 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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 return, 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 P. Lucas Title ▶ CPA Date ▶ 5/15/04

BAA For Paperwork Reduction Act Notice, see instructions.

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.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Showtimers of Roanoke Valley, Inc.	[REDACTED]	Employer identification number 54-1488884-
	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. Box 21226		For IRS Use Only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Roanoke VA 24018-0124		

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

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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 organizations four digit Group Exemption Number (GEN). If this is for the whole group, check this box. . If it is **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 Nov 15, 2004.

5 For calendar year 2003, or other tax year beginning _____, 20____ and ending _____, 20____.

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. . . The organization changed bookkeepers in January of 2004, and because of the transition, an additional extension is needed in order 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. 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 David P. Lucas Title CPA Date 8/16/04

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 filed 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: _____

Director _____ By: _____ Date _____

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 David P. Lucas, CPA
	Number and street (include suite, room, or apartment number) or a P.O. box number 318 WASHINGTON AVENUE, S.W.
	City or town, province or state, and country (including postal or ZIP code) ROANOKE VA 24016