

Return of Organization Exempt From Income Tax

2003

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 2003 calendar year, or tax year beginning 07/01, 2003, and ending 06/30/2004

- 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 BRUNSWICK INC. Number and street (or P O box if mail is not delivered to street address) Room/suite 11 LIVINGSTON AVENUE City or town, state or country, and ZIP + 4 NEW BRUNSWICK, NJ 08901

D Employer identification number 16-1616384 E Telephone number F Accounting method Cash [X] Accrual [] Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes [] No [X]

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

H(c) Are all affiliates included? [X] 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 [X]

I Group Exemption Number

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

G Website: WWW.STATETHEATRENJ.ORG

J Organization type (check only one) [X] 501(c) (3) (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 6,037,748.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning/end of year.

SCANNED JUN 25 2005

RECEIVED MAY 16 2005 LOGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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 22 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, 24 Benefits paid, 25 Compensation of officers, 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 25 of the instructions.)

Table with 2 columns: Description of primary exempt purpose, Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others). Rows include a STMT 4, b, c, d, e Other program services, f Total of Program Service Expenses.

Part IV Balance Sheets (See page 25 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 | 313,127. | 45 | 36,236. |
| | 46 Savings and temporary cash investments | | 46 | |
| | 47a Accounts receivable | 294,645. | | |
| | b Less allowance for doubtful accounts | | 47c | 294,645. |
| | 48a Pledges receivable | 74,673. | | |
| | b Less allowance for doubtful accounts | | 48c | 74,673. |
| | 49 Grants receivable | 46,663. | 49 | 59,997. |
| | 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 | 95,381. | 53 | 76,612. |
| | 54 Investments - securities (attach schedule) STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 3,489,169. | 54 | 3,807,555. |
| | 55a Investments - land, buildings, and equipment basis | | | |
| | b Less accumulated depreciation (attach schedule) | | 55c | |
| 56 Investments - other (attach schedule) | | 56 | | |
| 57a Land, buildings, and equipment basis | 1,552,162. | | | |
| b Less accumulated depreciation (attach schedule) | | 57c | 237,618. | |
| 58 Other assets (describe STMT 7) | | 58 | | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 4,722,334. | 59 | 4,587,336. | |
| Liabilities | 60 Accounts payable and accrued expenses | 222,492. | 60 | 562,788. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | 979,684. | 62 | 306,991. |
| | 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) | | 64b | |
| | 65 Other liabilities (describe STMT 7) | 1,499,800. | 65 | 2,250,000. |
| 66 Total liabilities (add lines 60 through 65) | 2,701,976. | 66 | 3,119,779. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | -1,850,247. | 67 | -2,433,048. |
| | 68 Temporarily restricted | NONE | 68 | 5,000. |
| | 69 Permanently restricted | 3,870,605. | 69 | 3,895,605. |
| | 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) | 2,020,358. | 73 | 1,467,557. |
| | 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 4,722,334. | 74 | 4,587,336. |

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 28 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?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b 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?
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization
81a Enter direct and indirect political expenditures
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b 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?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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
86b 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
87b Gross income from other sources
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2003
91 The books are in care of
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See page 33 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 | | | | | 3,260,092. |
| b RENT: STATE THEATRE | | | | | 580,993. |
| 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 | 95,719. | |
| 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 | 17,951. | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a | | | | | |
| b STMT 8 | | 269,362. | | | 265,205. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 269,362. | | 113,670. | 4,106,290. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 4,489,322. |

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 34 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 9 |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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

Signature of officer 

Date 5/13/05

PRESIDENT

Date Drake Check if self-employed Preparer's SSN or PTIN (See Gen Inst W) 000037696

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

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

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 | | | |
| | 40 | 83,714. | | |
| <u>MIKE SIVITZ</u> | HOUSE CREW | | | |
| | 40 | 54,803. | | |
| <u>RICHARD STANEK</u> | HOUSE CREW | | | |
| | 40 | 54,260. | | |
| <u>CRAIG WERNER</u> | HOUSE CREW | | | |
| | 40 | 55,380. | | |
| Total number of other employees paid over \$50,000 ▶ | | 0 | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| <u>AM PRODUCTIONS</u> | | |
| 16 BROAD ST., SUITE 104, KEYPORT, NJ | | 573,025. |
| <u>COLUMBIA ARTISTS MANAMENT</u> | | |
| 165 WEST 57TH ST, NEW YORK, NY, 10039 | | 280,000. |
| <u>CONCERTS EAST</u> | | |
| 54 BRPAD STREET. SUITE 204, RED BANK, NJ | | 478,795. |
| <u>ICM ARTISTS LTD</u> | | |
| 40 WEST 57TH ST, NEW YORK, NY 10019 | | 314,700. |
| <u>STAR LEDGER</u> | | |
| 1 STAR LEDGER PLAZA, NEWARD, NJ 07102 | | 122,120. |
| Total number of others receiving over \$50,000 for professional services ▶ | | 4 |

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) | | 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? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT 10 | 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 pages 3 through 6 of the instructions.)

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

- 5 A church, convention of churches, or association of churches 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 6 of the instructions)

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

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

Table with columns for Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, 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) NOT APPLICABLE

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, record keeping, and financial aid.

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

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

| Calendar year (or fiscal year beginning in) ▶ | 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 nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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 |
|--|-----|-------------------------------------|--------|
| a Volunteers | | <input checked="" type="checkbox"/> | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h) | | <input checked="" type="checkbox"/> | |
| c Media advertisements | | <input checked="" type="checkbox"/> | |
| d Mailings to members, legislators, or the public | | <input checked="" type="checkbox"/> | |
| e Publications, or published or broadcast statements | | <input checked="" type="checkbox"/> | |
| f Grants to other organizations for lobbying purposes | | <input checked="" type="checkbox"/> | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | <input checked="" type="checkbox"/> | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | <input checked="" type="checkbox"/> | |
| 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

FORM 990, PART I - LIST OF CONTRIBUTORS

| NAME AND ADDRESS | DATE | DIRECT PUBLIC SUPPORT | GOVERNMENT GRANTS |
|------------------|------|-----------------------|-------------------|
|------------------|------|-----------------------|-------------------|

SEE ATTACHED LIST - CONTR. > \$5,000

VAR 990,548.

GIFTS UNDER 5,000 - VARIOUS

VAR 355,752.

GOVERNMENT GRANTS

VAR 202,126.

TOTAL CONTRIBUTION AMOUNTS

1,346,300.

202,126.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

341,745.

TOTAL

341,745.
=====

FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION | TOTAL | PROGRAM SERVICES | MANAGEMENT AND GENERAL | FUNDRAISING |
|----------------------|------------|------------------|------------------------|-------------|
| MARKETING/BOX OFFICE | 930,657. | 930,657. | | |
| ARTIST FEES | 2,133,375. | 2,133,375. | | |
| FUNDRAISING | 267,873. | | | 267,873. |
| INSURANCE | 106,067. | 91,067. | 15,000. | |
| EDUCATION PROGRAMS | 88,733. | 88,733. | | |
| PRODUCTION | 315,335. | 315,335. | | |
| MISCELLANEOUS | 115,991. | | 115,991. | |
| TOTALS | 3,958,031. | 3,559,167. | 130,991. | 267,873. |

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.

5,793,222.

TOTAL

5,793,222.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

| DESCRIPTION | ENDING BOOK VALUE |
|------------------|---------------------------|
| ----- | ----- |
| PREPAID EXPENSES | 76,612. |
| TOTALS | ----- 76,612. ===== |

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION

ENDING
BOOK VALUE

INVESTMENTS - MUTUAL FUNDS

3,807,555.

TOTALS

3,807,555.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING
BOOK VALUE

LOANS PAYABLE

2,250,000.

TOTALS

2,250,000.

FORM 990, PART VII - OTHER REVENUE

| DESCRIPTION | BUSINESS CODE | AMOUNT | EXCLUSION CODE | AMOUNT | RELATED OR EXEMPT FUNCTION INCOME |
|--------------------|---------------|----------|----------------|--------|-----------------------------------|
| TICKET ADMIN FEES | | | | | 158,497. |
| MARKETING INCOME | | | | | 60,196. |
| MISC OPERATING INC | 711190 | 1,810. | | | 46,512. |
| FOOD/BEVERAGE SALE | 711190 | 56,065. | | | |
| MERCHANDISE SALES | 711190 | 32,678. | | | |
| PLAYBILL ADVERTISI | 711190 | 178,809. | | | |
| TOTALS | | 269,362. | | | 265,205. |

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 | PROMOTES ARTISTIC AND CULTURAL WELFARE OF CENTRAL NJ. |
| 93B | 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.

*The State Theatre Regional Arts Center at New Brunswick
FYE June 30, 2004*

Compensation Paid to Officers, Directors, and Key Employees

| | | |
|--------------------|--------------------------------|-------------------|
| Mark Hough | President/CEO | \$ 130,238 |
| Christopher Butler | Vice President/COO | 117,614 |
| Gerald Campagna | Director of Finance | 65,650 |
| David Hartkern | General Manager | 55,000 |
| Lian Farrer | Director of Education | 62,138 |
| Melinda McAleer | VP of Development and Planning | 73,916 |
| Marc Fleming | V.P.of Marketing | 93,038 |
| Mark Sharp | Director of Operations | 46,846 |
| Jennifer Mc Burney | Director of Sales | 52,015 |
| TOTAL | | <u>\$ 696,455</u> |



Part IV Capital Loss Limitation

| | |
|---|---|
| <p>17 Enter here and enter as a (loss) on Form 1041, line 4, the smaller of</p> <p style="margin-left: 20px;">a The loss on line 16a, column (3) or</p> <p style="margin-left: 20px;">b \$3,000</p> | <p>17 ()</p> |
|---|---|

If the loss on line 16a, 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 36 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 16a in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

Note: If line 15d, column (2) or line 15e, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V. Otherwise, go to line 18

| | | | |
|--|-----------|--|------|
| <p>18 Enter taxable income from Form 1041, line 22</p> | 18 | | |
| <p>19 Enter the smaller of line 15a or 16a in column (2) but not less than zero</p> | 19 | | |
| <p>20 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)</p> | 20 | | |
| <p>21 Add lines 19 and 20</p> | 21 | | |
| <p>22 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-</p> | 22 | | |
| <p>23 Subtract line 22 from line 21. If zero or less, enter -0-</p> | 23 | | |
| <p>24 Subtract line 23 from line 18. If zero or less, enter -0-</p> | 24 | | |
| <p>25 Enter the smaller of the amount on line 18 or \$1,900</p> <p>If line 24 is more than line 25, skip lines 26-36 and go to line 37.</p> | 25 | | |
| <p>26 Enter the amount from line 24</p> | 26 | | |
| <p>27 Subtract line 26 from line 25. If zero or less, enter -0- and go to line 37</p> | 27 | | |
| <p>28 Add lines 16b, col (2) and 20*</p> | 28 | | |
| <p>29 Enter the smaller of line 27 or line 28</p> | 29 | | |
| <p>30 Multiply line 29 by 5% (.05)</p> <p>If lines 27 and 29 are the same, skip lines 31-36 and go to line 37.</p> | 30 | | |
| <p>31 Subtract line 29 from line 27</p> | 31 | | |
| <p>32 Enter the amount, if any, from line 15c, column (2)</p> | 32 | | |
| <p>33 Enter the smaller of line 31 or line 32</p> | 33 | | |
| <p>34 Multiply line 33 by 8% (.08)</p> | 34 | | |
| <p>35 Subtract line 33 from line 31</p> | 35 | | |
| <p>36 Multiply line 35 by 10% (.10)</p> <p>If the amounts on lines 23 and 27 are the same, skip lines 37 through 46 and go to line 47.</p> | 36 | | |
| <p>37 Enter the smaller of line 18 or line 23</p> | 37 | | |
| <p>38 Enter the amount, if any, from line 27</p> | 38 | | |
| <p>39 Subtract line 38 from line 37</p> | 39 | | |
| <p>40 Add lines 16b, col (2) and 20*</p> | 40 | | |
| <p>41 Enter the amount from line 29 (if line 29 is blank, enter -0-)</p> | 41 | | |
| <p>42 Subtract line 41 from line 40</p> | 42 | | |
| <p>43 Enter the smaller of line 39 or line 42</p> | 43 | | |
| <p>44 Multiply line 43 by 15% (.15)</p> | 44 | | |
| <p>45 Subtract line 43 from line 39</p> | 45 | | |
| <p>46 Multiply line 45 by 20% (.20)</p> | 46 | | |
| <p>47 Figure the tax on the amount on line 24. Use the 2003 Tax Rate Schedule on page 21 of the instructions</p> | 47 | | NONE |
| <p>48 Add lines 30, 34, 36, 44, 46, and 47</p> | 48 | | NONE |
| <p>49 Figure the tax on the amount on line 18. Use the 2003 Tax Rate Schedule on page 21 of the instructions</p> | 49 | | |
| <p>50 Tax on all taxable income. Enter the smaller of line 48 or line 49 here and on line 1a of Schedule G, Form 1041</p> | 50 | | |

* If lines 20 and 22 are more than zero, see Lines 28 and 40 on page 36 for the amount to enter

The State Theatre Regional Arts Center at New Brunswick
 FYE June 30, 2004

Schedule of Realized Capital Gains and Losses

| | <u>Gain/(Loss)</u> | <u>Month</u> | <u>No. of shares</u> |
|---------------------------------------|--------------------|--------------|----------------------|
| American Funds Fundamental Investors | \$ 2,543 | April | 477.250 |
| American Funds Growth Fund of America | 280 | April | 60.635 |
| American Funds New Perspective | 4,686 | April | 849.941 |
| MFS Value Fund | 590 | April | 179.169 |
| Royce Micro-Cap Fund | 10,111 | April | 2,402 |
| | | | |
| Interchange Financial Services | (4) | September | 50 |
| Boston Scientific | (79) | November | 100 |
| Johnson & Johnson | (5) | November | 5 |
| Coca-Cola | 11 | December | 10 |
| Fleet Boston | (67) | December | 71 |
| Microsoft | (61) | December | 75 |
| Johnson & Johnson | (54) | December | 50 |
| | | | |
| TOTAL REALIZED LOSSES | <u>\$ 17,951</u> | | |

THE STATE THEATRE REGIONAL ARTS CENTER AT NEW BRUNSWICK
BOARD OF TRUSTEES 2003-2004

OFFICERS

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David B. Crabiel, Freeholder Director
H. James Polos, Freeholder

EMERITUS MEMBERS

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Paul Smilow, M.D.

HONORARY MEMBER

John A. Lynch

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- 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 THE STATE THEATRE REGIONAL ART BRUNSWICK INC. | Employer identification number 16-1616384 |
| | Number, street, and room or suite no. If a P O box, see instructions. 11 LIVINGSTON AVENUE | For IRS use only |
| | 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-EZ | <input type="checkbox"/> Form 990-T (sec. 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 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 05/16/2005

5 For calendar year _____, or other tax year beginning 07/01/2003 and ending 06/30/2004

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 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. 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  Title CPTA Date 2/7/05

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 _____

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 AMPER, POLITZINER & MATTIA P.C. |
| | Number and street (include suite, room, or apt. no.) Or a P.O. box number 2015 LINCOLN HIGHWAY P.O. BOX 0988 |
| | City or town, province or state, and country (including postal or ZIP code) EDISON, NJ 08818-0988 |
| | |