

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 2004, 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 addr) Room/suite P.O. Box 21226	E Telephone number (540) 774-2660
		City, town or country State ZIP code + 4 Roanoke VA 24018-0124	F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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

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

H (c) Are all affiliates included? Yes No (If 'No,' attach a list See instructions)

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

I Group Exemption Number

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

G Web site: www.showtimers.org

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

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 100,672.

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

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	12,445.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 12,445. noncash \$)			1d	12,445.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	73,600.
3	Membership dues and assessments			3	980.
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	418.
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe)			7	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			8d	
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part III, line 11)			11	13,229.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	100,672.
13	Program services (from line 44, column (B))			13	38,990.
14	Management and general (from line 44, column (C))			14	53,077.
15	Fundraising (from line 44, column (D))			15	0.
16	Payments to affiliates (attach schedule)			16	
17	Total expenses (add lines 16 and 44, column (A))			17	92,067.
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	8,605.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	227,848.
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	236,453.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26	12,600.	0.	12,600.	0.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	964.	0.	964.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31	1,510.	0.	1,510.	0.
32 Legal fees	32				
33 Supplies	33	1,970.	0.	1,970.	0.
34 Telephone	34	1,830.	0.	1,830.	0.
35 Postage and shipping	35	364.	0.	364.	0.
36 Occupancy	36	16,659.	0.	16,659.	0.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	2,059.	0.	2,059.	0.
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	9,424.	0.	9,424.	0.
43 Other expenses not covered above (itemize)					
a 2004 Theatre Production Costs	43a	32,331.	32,331.	0.	0.
b 2005 Theatre Production Costs	43b	3,409.	3,409.	0.	0.
c Chamber of Commerce Dues	43c	250.	0.	250.	0.
d Credit Card Processing Fees	43d	2,636.	0.	2,636.	0.
e See Other Expenses Stmt	43e	6,061.	3,250.	2,811.	0.
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	92,067.	38,990.	53,077.	0.

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

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/> See Attached Statement	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a See Attached Statement ----- ----- ----- (Grants and allocations \$ 0.)	38,990.
b ----- ----- ----- (Grants and allocations \$)	
c ----- ----- ----- (Grants and allocations \$)	
d ----- ----- ----- (Grants and allocations \$)	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	38,990.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
ASSETS	45 Cash — non-interest-bearing	22,042.	45	33,494.
	46 Savings and temporary cash investments	10,230.	46	10,340.
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule) L-54 Stmt <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	10,939.	54	11,247.
	55a Investments — land, buildings, & equipment basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment, basis	57a	300,011.	
	b Less accumulated depreciation (attach schedule) L-57 Stmt	57b	117,620.	185,816.
	58 Other assets (describe _____)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	229,027.	59	237,472.	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	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 <u>Payroll Tax Withholdings</u>)	1,179.	65	1,019.
66 Total liabilities (add lines 60 through 65)	1,179.	66	1,019.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" 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)	227,848.	73	236,453.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	229,027.	74	237,472.

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.

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Part VI Other Information (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
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? If 'Yes,' attach a statement		X
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?		X
81a	Enter direct and indirect political expenditures. See line 81 instructions. 81a 0.		
81b	Did the organization file Form 1120-POL for this year?		X
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?		X
82b	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.) 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85b	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	N/A	
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
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?	N/A	
86a	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) organizations. Enter. a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
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		X
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
89b	501(c)(3) and 501(c)(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 a statement explaining each transaction		X
	c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
	d Enter. Amount of tax on line 89c, above, reimbursed by the organization 0.		
90a	List the states with which a copy of this return is filed Virginia		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		1
91	The books are in care of Angela M. Cull Telephone number (540) 265-4393 Located at 149 Wildhurst Avenue, N.W., Roanoke, VA ZIP + 4 24012		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 92		

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Theatre Ticket Sales					66,128.
b Theatre Concession Sales					1,158.
c Program Advertising					2,985.
d Youth Drama Camp					3,300.
e Costume Rentals					29.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					980.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	418.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Site Lease			16	13,229.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				13,647.	74,580.
105 Total (add line 104, columns (B), (D), and (E))					88,227.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Performances before an audience are an essential part of exposing the public to the workings of amateur theatre which is the organization's primary exempt purpose.

See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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


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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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

Please *[Signature]*


Date 11-14-2005

SIDENT

Date _____ Preparer's SSN or PTIN (See instructions) _____

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

2004

Name of the organization Showtimers of Roanoke Valley, Inc.	Employer identification number 54-1488884
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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.) 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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
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
4a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,945.	13,930.	12,168.	10,350.	43,393.
16 Membership fees received	1,045.	1,210.	1,020.	880.	4,155.
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	58,023.	59,040.	60,023.	65,693.	242,779.
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	12,590.	12,586.	12,260.	12,483.	49,919.
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	78,603.	86,766.	85,471.	89,406.	340,246.
24 Line 23 minus line 17	20,580.	27,726.	25,448.	23,713.	97,467.
25 Enter 1% of line 23	786.	868.	855.	894.	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 ▶ **26a**

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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines **18** _____ **19** _____ ▶ **26d**
22 _____ **26b** _____

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year.
 (2003) _____ 320. (2002) _____ 626. (2001) _____ 985. (2000) _____ 700.

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.
 (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.

c Add Amounts from column (e) for lines **15** _____ 43,393. **16** _____ 4,155. ▶ **27c**
17 _____ 242,779. **20** _____ 0. **21** _____ 0. ▶ **27d**

d Add Line 27a total _____ 2,631. and line 27b total _____ 0. ▶ **27e**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27f** 340,246.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 84.56 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 14.67 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to.		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

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)

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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	
	City, town or post office For a foreign address, see instructions	state ZIP code
	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

● The books are in the care of ▶ Michael W. Ridenhour -----

Telephone No. ▶ (540) 345-7821 ----- FAX No. ▶ (540) 345-7829 -----

- 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-months for a **Form 990-T corporation**) extension of time until Aug 15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- ▶ calendar year 2004 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 \$ _____ 0.

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 \$ _____ 0.

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 \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and 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	Employer identification number
	Showtimers of Roanoke Valley, Inc.	54-1488884
	Number, street, and room or suite number If a P O box, see instructions	For IRS use only
	P.O. Box 21226	
	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 type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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

- The books are in care of Michael W. Ridenhour
Telephone No. (540) 345-7821 FAX No. (540) 345-7829
- 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, 2005.

5 For calendar year 2004, 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 treasurers in January of 2005, 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 \$ _____ 0.

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 \$ 071905 0.

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 \$ _____ 0.

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 8/15/05

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 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 extended 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	EXTENSION APPROVED SEP 09 2005 FIELD DIRECTOR, SUBMISSION PROCESSING CENTER
	David P. Lucas, CPA	
	Number and street (include suite, room, or apartment number) or a P.O. box number	
	100 UPLAND DRIVE	
	City or town, province or state, and country (including postal or ZIP code)	
	SALEM Va 24153	

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Loss on Assets Scrapped	62.	0.	62.	0.
Miscellaneous	91.	0.	91.	0.
Office Expense	821.	0.	821.	0.
Program Advertising Commission	299.	0.	299.	0.
Public Relations	562.	0.	562.	0.
Website	976.	0.	976.	0.
Youth Drama Camp & Workshop	3,250.	3,250.	0.	0.
Total	<u>6,061.</u>	<u>3,250.</u>	<u>2,811.</u>	<u>0.</u>

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Vanguard Short-Term Investment-Grade Fund	10,939.	11,247.
Total	<u>10,939.</u>	<u>11,247.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land/Building/Improvements	277,385.	103,121.	174,264.
Equipment	22,626.	14,499.	8,127.
Total	<u>300,011.</u>	<u>117,620.</u>	<u>182,391.</u>

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number	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).
93b	<u>Refreshments such as soft drinks, etc., are sold during intermission at the performances cited above, and are a necessary component of the entertainment experience.</u>
93c	<u>Programs are a requirement for each performance cited above. Sponsors of our amateur theatre are given an opportunity to show their support by acquiring advertising, or sponsor space within the program.</u>
93d	<u>The youth drama camp provides an opportunity to expose young people to theatre arts, which is another of the organization's exempt purposes.</u>

Form 990, Page 6, Part VIII

Continued

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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).
93e	<u>Costume rentals allow schools and other organizations to enhance the realism of an amateur theatre performance at their location.</u>
94	<u>Membership dues is another way of allowing the public to show its support of our organization's effort to provide exposure to amateur theatre.</u>

Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
Group: 100 - Land & Building												
102	Basement Waterproofing Drainage	6/22/04	3,595 00	0 00c	0 00	0 00	44 94	44 94	3,550 06	S/L	40 00	
97	Parking Stops (PN&L)	11/30/03	2,435 34	0 00	0 00	5 07	60 88	65 95	2,369 39	S/L	40 00	
96	Side Entrance Addition	9/30/03	4,900 00	0 00	0 00	30 63	122 50	153 13	4,746 87	S/L	40 00	
93	Carnar 5-Ton A/C Unit	9/06/02	2,338 75	0 00	0 00	77 96	58 47	136 43	2,202 32	S/L	40 00	
92	Lighting (Emergency & Basement)	3/21/02	1,247 77	0 00	0 00	54 59	31 19	85 78	1,161 99	S/L	40 00	
89	Carpeting	11/15/01	1,368 00	0 00	0 00	296 40	136 80	433 20	934 80	S/L	10 00	
88	Sign	8/20/01	465 27	0 00	0 00	108 57	46 53	155 10	310 17	S/L	10 00	
91	Front Porch Lighting	7/25/01	337 85	0 00	0 00	20 42	8 45	28 87	308 98	S/L	40 00	
87	Upgrade Light Booth Circuit Breaker	6/06/01	408 04	0 00	0 00	26 35	10 20	36 55	371 49	S/L	40 00	
90	Deck / Porch Roofs (2nd Phase)	4/28/01	11,164 31	0 00	0 00	744 29	279 11	1,023 40	10,140 91	S/L	40 00	
81	Theatre Seats (J H Pence)	11/17/00	6,138 86	0 00	0 00	473 20	153 47	626 67	5,512 19	S/L	40 00	
82	Deck / Porch Roofs (1st Phase)	9/13/00	4,696 70	0 00	0 00	391 40	117 42	508 82	4,187 88	S/L	40 00	
68	(9) Fluorescent Lamp Fixtures	12/20/99	856 00	0 00	0 00	85 60	21 40	107 00	749 00	S/L	40 00	
67	New Shingle Roof	5/14/99	3,340 00	0 00	0 00	389 67	83 50	473 17	2,866 83	S/L	40 00	
66	Box Office Improvement	4/07/99	176 59	0 00	0 00	20 95	4 41	25 36	151 23	S/L	40 00	
62	Pipe (24 Feet)	6/30/98	125 00	0 00	0 00	17 21	3 13	20 34	104 66	S/L	40 00	
52	Duct Installation & Pipes	6/30/96	915 67	0 00	0 00	171 68	22 89	194 57	721 10	S/L	40 00	
53	Electrical Circuits	6/30/96	345 00	0 00	0 00	64 72	8 63	73 35	271 65	S/L	40 00	
54	Remove Basement Windows	6/30/96	287 00	0 00	0 00	53 85	7 18	61 03	225 97	S/L	40 00	
55	Door Locks	6/30/96	94 05	0 00	0 00	17 63	2 35	19 98	74 07	S/L	40 00	
56	Box Office Counter Improvement	6/30/96	28 72	0 00	0 00	5 40	0 72	6 12	22 60	S/L	40 00	
57	Concession Stand Improvement	6/30/96	121 00	0 00	0 00	22 72	3 03	25 75	95 25	S/L	40 00	
58	Lights & Panel (Light Booth)	6/30/96	271 71	0 00	0 00	50 93	6 79	57 72	213 99	S/L	40 00	
44	Outside Door Replacement	6/30/95	3,245 78	0 00	0 00	689 69	81 14	770 83	2,474 95	S/L	40 00	
45	A/C Compressor	6/30/95	508 39	0 00	0 00	108 03	12 71	120 74	387 65	S/L	40 00	
46	Rewire Stage Lighting	6/30/95	474 73	0 00	0 00	100 89	11 87	112 76	361 97	S/L	40 00	
47	Parking Lot Surface Treatment	6/30/95	5,580 00	0 00	0 00	2,371 50	279 00	2,650 50	2,929 50	S/L	20 00	
48	Theatre Chairs	6/30/95	2,454 85	0 00	0 00	521 65	61 37	583 02	1,871 83	S/L	40 00	
30	Sign Work	6/30/93	947 21	0 00	0 00	497 28	47 36	544 64	402 57	S/L	20 00	
31	Landscaping - Bank/Parking Lot	6/30/93	3,698 72	0 00	0 00	1,941 87	184 94	2,126 81	1,571 91	S/L	20 00	
32	Carpet	6/30/93	170 50	0 00	0 00	170 50	0 00	170 50	0 00	S/L	10 00	
33	New Dressing Room	6/30/93	65 07	0 00	0 00	17 11	1 63	18 74	46 33	S/L	40 00	
34	Connecting Theatre Seats	6/30/93	125 00	0 00	0 00	32 86	3 13	35 99	89 01	S/L	40 00	
35	Grand Drape	6/30/93	1,644 00	0 00	0 00	863 10	82 20	945 30	698 70	S/L	20 00	
36	Stage Curtains	6/30/93	1,756 69	0 00	0 00	922 22	87 83	1,010 05	746 64	S/L	20 00	
18	Receptacles/Lights	6/30/92	192 00	0 00	0 00	57 50	4 80	60 00	132 00	S/L	40 00	
19	Scaffold	6/30/92	200 00	0 00	0 00	57 50	5 00	62 50	137 50	S/L	40 00	
20	Grand Drape, Teasers, etc.	6/30/92	6,889 00	0 00	0 00	3,961 18	344 45	4,305 63	2,583 37	S/L	20 00	
21	Water Heater/New Pipes	6/30/92	385 00	0 00	0 00	110 74	9 63	120 37	264 63	S/L	40 00	
22	Heat & A/C Units	6/30/92	10,882 00	0 00	0 00	3,128 58	272 05	3,400 63	7,481 37	S/L	40 00	
23	Architect Fees	6/30/92	3,791 00	0 00	0 00	1,089 97	94 78	1,184 75	2,606 25	S/L	40 00	
24	Legal Fees/Rezoning	6/30/92	1,216 00	0 00	0 00	349 60	30 40	380 00	836 00	S/L	40 00	
25	Parking Lot Upgrade	6/30/92	2,100 00	0 00	0 00	1,207 50	105 00	1,312 50	787 50	S/L	20 00	
26	Electrical Upgrade	6/30/92	1,066 00	0 00	0 00	306 48	26 65	333 13	732 87	S/L	40 00	
27	Carpet & Tile	6/30/92	2,208 00	0 00	0 00	2,208 00	0 00	2,208 00	0 00	S/L	10 00	
28	Phone Lines	6/30/92	105 00	0 00	0 00	30 24	2 63	32 87	72 13	S/L	40 00	
29	Stage Lighting	6/30/92	1,973 00	0 00	0 00	567 29	49 33	616 62	1,356 38	S/L	40 00	

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: 200 - Equipment (continued)											
60	Tape Decks & Mixers	6/30/97	614.46	0.00	0.00	399.42	61.45	460.87	153.59	S/L	100
61	Compact Disc Player	6/30/97	183.16	0.00	0.00	119.08	18.32	137.40	45.76	S/L	100
59	Sound System Upgrade	6/30/96	142.64	0.00	0.00	106.95	14.26	121.21	21.43	S/L	100
49	Follow Spot	6/30/95	188.10	0.00	0.00	159.88	18.81	178.69	9.41	S/L	100
50	Microphones	6/30/95	767.81	0.00	0.00	652.63	76.78	729.41	38.40	S/L	100
51	Twist Lock Cord Connectors	6/30/95	55.80	0.00	0.00	47.43	5.58	53.01	2.79	S/L	100
40	Sound System	6/30/94	962.50	0.00	0.00	914.38	48.12	962.50	0.00	S/L	100
41	Fresnell (Light Instrument)	6/30/94	292.60	0.00	0.00	277.97	14.63	292.60	0.00	S/L	100
42	Spot Light	6/30/94	303.05	0.00	0.00	287.94	15.11	303.05	0.00	S/L	100
43	Headsets	6/30/94	304.00	0.00	0.00	288.80	15.20	304.00	0.00	S/L	100
37	Stage Light Instruments	6/30/93	613.52	0.00	0.00	613.52	0.00	613.52	0.00	S/L	100
38	Sound Equipment	6/30/93	949.00	0.00	0.00	949.00	0.00	949.00	0.00	S/L	100
39	Aluminum Ladder	6/30/93	299.82	0.00	0.00	299.82	0.00	299.82	0.00	S/L	100
	200 - Equipment		24,994.83	0.00c	0.00	14,534.69	2,270.69	16,805.38	8,189.45		
	* Less: Dispositions		2,368.62	0.00	0.00	2,288.68	0.00	2,306.44	62.18		
	Net 200 - Equipment		22,626.21	0.00c	0.00	12,246.01	2,270.69	14,498.94	8,127.27		
Group: 300 - Software											
78	* Trxsales (Box Office)	1/19/99	1,015.00	0.00	0.00	1,015.00	0.00	1,015.00	0.00	S/L	30
	300 - Software		1,015.00	0.00c	0.00	1,015.00	0.00	1,015.00	0.00		
	* Less: Dispositions		1,015.00	0.00	0.00	1,015.00	0.00	1,015.00	0.00		
	Net 300 - Software		0.00	0.00c	0.00	0.00	0.00	0.00	0.00		
	Grand Total		303,872.55	0.00c	0.00	111,994.95	9,424.13	121,419.08	182,453.47		
	Less: Dispositions		3,861.62	0.00	0.00	3,781.68	0.00	3,799.44	62.18		
	Net Grand Total		300,010.93	0.00c	0.00	108,213.27	9,424.13	117,619.64	182,391.29		

SHOWTIMERS OF ROANOKE VALLEY, INC.
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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 2004, the organization produced (6) plays for the general public with an all volunteer cast and crew. It also incurred pre-production costs for its first play of 2005. In addition, the organization provided a youth drama camp for individuals who were interested in the theatre arts.

Both the volunteers and the general public benefitted from this exposure to amateur theatre.

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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>
Michael W. Ridenhour 122 Mountain Avenue, S.W. Roanoke, VA 24016	President 15	\$ -0-	\$ -0-	\$ -0-
Karen D. Moore 3344 Crittendon Avenue, N.W. Roanoke, VA 24012	Vice President 5	-0-	-0-	-0-
Angela M. Cull 149 Wildhurst Avenue, N.W. Roanoke, VA 24012	Treasurer 15	-0-	-0-	-0-
E. Wayne Black 2266 Memorial Avenue, S.W. Roanoke, VA 24015	Secretary 5	-0-	-0-	-0-
Cynthia Y. Gaines 345 Thrush Drive, N.W. Roanoke, VA 24017	Director 5	-0-	-0-	-0-
Benjamin H. Addison 5411 Darby Road Roanoke, VA 24012	Director 5	-0-	-0-	-0-

SHOWTIMERS OF ROANOKE VALLEY, INC.

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

Cristina S. Emerson 4660 Long Acre Drive Roanoke, VA 24019	Director 10	-0-	-0-	-0-
Sharon Mullen 8 Leaning Oak Road Boones Mill, VA 24065	Director 5	-0-	-0-	-0-
Cynthia A. Keeling 4411 Cordell Drive Roanoke, VA 24018	Director 5	-0-	-0-	-0-

Note (1): Every officer and director receives a de minimis fringe benefit of two free season tickets valued at \$55.