# **Return of Organization Exempt from Income Tax**

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

OMB No 1545-0047

Department of the Treasury

Open to Public

Inter	nai Rev	renue Service I he organization may have to use a copy of this return to satis	iy state	reporting re	equiren	ients.	Шэрсс	
A	For t	he 2003 calendar year, or tax year beginning 7/01 , 2003, and	d endin	g 6/30	)		, 2004	
В	Check	of applicable			D Emp	loyer Ide	ntification Numbe	,
	☐ Ac	Idress change   Please use IRS label   SAN LUIS OBISPO LITTLE THEATRE			95	-255	6678	
	∏ <sub>Nã</sub>	or print P.O. BOX 122			E Tele	phone nu	ımber	
	$\vdash$	see SAN LUIS OBISPO, CA 93406					1-3889	
	ΠFι	linstruc- nal return tions.			F Acco	ounting rod:	Cash	Accrual
		mended return					pecify)	
	$\prod_{A}$	Section 501(c)(3) organizations and 4947(a)(1) nonexempt	H and	I are not applic	able to se			
	<u> </u>	charitable trusts must attach a completed Schedule A	H (a)	) Is this a group	p return fo	or affiliate	es? Yes	X No
_		(Form 990 or 990-EZ).	н (ь	) If 'Yes,' enter	number o	of affiliate	es ►	
G	Web	site: ► SLOLITTLETHEATRE.ORG	Н (с	Are all affiliat	tes include	ed?	. Yes	No
J		nization type	``	(If 'No,' attacl	halist S	ee instru	ctions.)	_
	•	k only one) ► X 501(c) 3 ◄ (insert no ) 4947(a)(1) or 527	<sup>7</sup>	) Is this a sepa	rate retur	n filed by	an an	
K		k here \ if the organization's gross receipts are normally not more than		organization (				X No
	⊅∠⊃,≀ recei	000. The organization need not file a return with the IRS; but if the organization ved a Form 990 Package in the mail, it should file a return without financial data	, 🗔	Group Exe	emption	Numb	er 🕨	
	Som	e states require a complete return.	М				zation is <b>not</b> requi	red
ī	Gross	receipts Add lines 6b, 8b, 9b, and 10b to line 12 > 293, 430.					0, 990-EZ, or 990	
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Bala	ances	(See Instru	ctions)			
	1	Contributions, gifts, grants, and similar amounts received.		<u> </u>				
=		1	1 a	33.	506.			
-	b		1 b			1		
Z	c	· · · · · · · · · · · · · · · · · · ·	1 c	3.	000.	1		
I	ď		<u>, , , , , , , , , , , , , , , , , , , </u>			1 d	36	,506.
0	2	Program service revenue including government fees and contracts (from Part V	'Il line (	93)		2		,251.
MAR 0 1 2000	3	Membership dues and assessments	,		•	3		,
Ĕ	Δ	Interest on savings and temporary cash investments				4		548.
	5	Dividends and interest from securities	•	.,,,,,		5		
	_	1	6a		•			
Ž			6b		<del>-</del>	1		
Z		Net rental income or (loss) (subtract line 6b from line 6a)	<del> </del>			6c		
À			SEE S	STATEMEN	T 1)	7	$\epsilon$	,551.
MCZM SECANNED		(A) Securities		(B) Other				<b>/</b>
Ë	Вa	Gross amount from sales of assets other than inventory	8a			1		
ה ב	b		8b			1		
_			8c			1		
		Net gain or (loss) (combine line 8c, columns (A) and (B))				84		
	9	Special events and activities (attach schedule). If any amount is from gaming,	check h	ere 🖊	П		-	
	а	Gross revenue (not including \$ of contributions		•	_			
			9a	51,	574.			
	b		9Ь	25,	630.	1		
		Net income or (loss) from special events (subtract line 9b from line 9a)		STATEME		9 c	25	,944.
			0 a					
			0 Ь			1		
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10 c		
	11	Other revenue (from Part VII, line 103)				11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and TI)				12	267	,800.
	13	Program services (from line 44, Folumn RECEIVED				13	171	<del>,717.</del>
E X P	14	Management and general (from the 44, column (C))				14	80	,197.
E	15	Fundraising (from line 44, column (D))				15		
S	16	Payments to affiliates (attach schedule) FEB 1 5 2004				16		
S E S	17	Total expenses (add lines 16 and 44 column (A))				17	251	,914.
Δ	18	Excess or (deficit) for the year (subtract (1) (2) [1]	,			18	15	,886.
NS	19	Net assets or fund balances at begunning of year (from line 73, column (A))		•		19	140	,775.
N S E E T	20	Other changes in net assets or fund balances (attach explanation)				20		
Ś	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	156	.661.

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.

D	o 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)				<del></del>	·· <del>-</del> · ·
	(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	66,188.	33,094.	33,094.	
26	Other salaries and wages	26	30,147.	15,074.	15,073.	
27	Pension plan contributions	27				
28	Other employee benefits	28	0.100	4 504	4 504	
29	Payroll taxes	29	9,188.	4,594.	4,594.	
30	Professional fundraising fees	30				
31	Accounting fees	31	510.	255.	255.	
32	Legal fees	32				
33	Supplies	33	1,125.	563.	562.	
34	Telephone	34	3,703.	1,852.	1,851.	
35	Postage and shipping	35	1,315.	658.	657.	
36	Occupancy	36	2,713.	1,357.	1,356.	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	5,497.	2,749.	2,748.	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	908.	454.	454.	
42	Depreciation, depletion, etc (attach schedule)	42	2,489.	1,245.	1,244.	
	Other expenses not covered above (itemize):					
а	SEE STATEMENT 3	43 a	128,131.	109,822.	18,309.	
b	)	43b				<del></del>
c	:	43 c				
C		43 d				
e	, 	43e				
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	251,914.	171,717.	80,197.	0.
Join	t Costs. Check If you are following	SOP 9	98-2.			
	any joint costs from a combined education					► Yes X No
	es,' enter (i) the aggregate amount of thes			; <b>(ii)</b> the ar	mount allocated to Prog ; and <b>(iv)</b> th	gram services
\$_		located	to Management and ge	eneral \$	; and (iv) th	e amount allocated
	indraising \$ .					<del></del>
Par						
	t is the organization's primary exempt pur			PRODUCTION AND		Program Service Expenses (Required for 501(c)(3) and
All o	rganizations must describe their exempt p ts served, publications issued, etc. Discus ons and 4947(a)(1) nonexempt charitable	ourpose ss ach	e achievements in a clea evements that are not m	ar and concise manner. neasurable. (Section 50)	State the number of I(c)(3) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
ızatı	ons and 4947(a)(1) nonexempt charitable	trusts	must also enter the amo	ount of grants & allocation	ons to others)	optional for others )
ā	PRODUCED SEVERAL THEATRIC					
	AND EDUCATIONAL EXPERIENC	<u> </u>	OK OVER 200 COU	MIT KESTDENTS Y	אל המע א' חחח	
	PATRONS.					171 717
			(Grants and	allocations \$		171,717.
t	)					
			(Grants and	allocations \$		<del></del>
•						
			(Grants and	allocations \$	<u>)</u>	
C	'					
	Other program		···	allocations \$	)	
	Other program services	- III		allocations \$	)	171 717
1	Total of Program Service Expenses (she	ouid ec	uai iine 44, column (B),	Program services)		171,717.

Part IV Balance Sheets (See Instructions)

Note	: Wh	nere required, attached schedules and amounts within lumn should be for end-of-year amounts only.	n the d	escription	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash – non-interest-bearing			55,723.	45	58,246.
	46	Savings and temporary cash investments .		[		46	
-							
- 1	<b>47</b> a	Accounts receivable	47a				
İ	t	Less: allowance for doubtful accounts.	47 b			47 c	
			<u> </u>				
	48 a	a Pledges receivable	48 a	19,115.		ļl	
	Ł	Less: allowance for doubtful accounts	48 b	-	19,115.	48 c	19,115.
	49	Grants receivable			<u> </u>	49	
A S S E T S	50	Receivables from officers, directors, trustees, and k employees (attach schedule)	ey . · · · .			50	
Ē	<b>5</b> 1 a	Other notes & loans receivable (attach sch)	51 a				
s	t	Less: allowance for doubtful accounts .	51 b			51 c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			13,226.	53	8,908.
l	54	Investments - securities (attach schedule)		► Cost X FMV	16,006.	54	22,607.
	55 a	Investments - land, buildings, & equipment: basis	55 a				
	t	Less: accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments – other (attach schedule)				56	
		Land, buildings, and equipment: basis .	57 a	71,210.			-
	H	Less: accumulated depreciation				ļ	
		(attach schedule) STATEMENT 4	57 b	5,331.	68,368.	57 c	65,879.
	58	Other assets (describe  SEE STATEMENT 5		).	2,007.	58	1,134.
	59	Total assets (add lines 45 through 58) (must equal	line 74	)	174,445.	59	175,889.
	60	Accounts payable and accrued expenses			2,562.	60	3,359.
- 누	61	Grants payable		<u> </u>		61	
À	62	Deferred revenue				62	
ABILITIES		Loans from officers, directors, trustees, and key employees (attac	h schedu	ıle)	····	63	
ĪΙ		, , , , , , , , , , , , , , , , , , , ,				64a	
Ė		Mortgages and other notes payable (attach schedule)				64Ь	15.000
s		Other liabilities (describe  SEE STATEMENT	6	)	31,108.	65	15,869.
$\rightarrow$		Total liabilities (add lines 60 through 65).			33,670.	66	19,228.
N	_		nd com	plete lines 67		1 1	
튀		through 69 and lines 73 and 74.			60 174		65 061
人のとして	67	Unrestricted	• •	. }	60,174. 80,601.	67	65,961. 90,700.
Ę	68	Temporarily restricted		· · · · · · · · <del> </del>	80,001.	69	30,700.
		Permanently restricted		and complete lines		103	
R	organ	izations that do not follow SFAS 117, check here ► 70 through 74.	Ш,	and complete lines			
E	70	Capital stock, trust principal, or current funds .				70	
N D	70 71	Paid-in or capital surplus, or land, building, and equ	 IIDMen	t fund		71	
B	72	Retained earnings, endowment, accumulated incom				72	
Į.		•		ŗ	<del>,</del>	-	
MACATA DECT		72, column (A) must equal line 19; column (B) must			140,775.	73	156,661.
	74	Total liabilities and net assets/fund balances (add	lines 6	6 and 73)	174,445.	74	175,889.

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.

BAA

-	s		\$		
7	Add amounts on lines (1) and (2)	d	Add amounts on line	es (1) and (2)	d
e	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	e	Total expenses per 990 (line <b>c</b> plus line	line 17, Form <b>d</b> )	e
Part '	V List of Officers, Directors,	Trustees, and Key Emp	oloyees (List each one	e even if not compens	sated, see instructions.)
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	account and other
SEE_	STATEMENT 7				
	<u> </u>		66,188.	0	. 0.
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related o	and all related organizations rganizations?	te compensation of mores, of which more than	_	Yes X No
BAA	The state of the s	· · · · · · · · · · · · · · · · · · ·			Form <b>990</b> (2003)
		TEEA0104L	10/02/03		, ,

orn	95-2556678 990 (2003) SAN LUIS OBISPO LITTLE THEATRE	3	F	age <b>5</b>
Pa	rt 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	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If 'Yes,' attach a conformed copy of the changes.	1		,
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .	78 a		X
ŀ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	78ъ	N,	/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common	00.0		x
t	membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a		^
	and check whether it is exempt <b>or</b> nonexempt.			
81 a	Enter direct and indirect political expenditures. See line 81 instructions			L i
ŀ	Did the organization file Form 1120-POL for this year?	81 b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a		X
ı	off '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 82b			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X	
ŀ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .	83 b	X	<u> </u>
<b>84</b> a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b		/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a		/A
ŀ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N,	/A
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
•	Dues, assessments, and similar amounts from members			
•	Section 162(e) lobbying and political expenditures			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			1
	Taxable amount of lobbying and political expenditures (line 85d less 85e) . 85f N/A	05 -		/A
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	14,	A
	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?	85 h	N,	/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12			
	37/3			
	orgoss receipts, included on line 12, for public use of club facilities			
	against amounts due or received from them )			}
	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	88		X
89 8	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			اــــا
ı	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	89 b		x
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
	a List the states with which a copy of this return is filed CALIFORNIA			<del>-</del> -
	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions )  The books are in care of ► WENDY EIDSON  Telephone number ► 805-781-38	<b>90 b</b> २ 9		
91	The books are in care of ► <u>WENDY_EIDSON</u> Telephone number ► <u>805-781-38</u> Located at ► P.O. BOX 122 SAN LUIS OBISPO, CA ZIP + 4 ► <u>9340</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here.	N/	Ā	F∏
-	and enter the amount of tax-exempt interest received or accrued during the tax year > 92			N/A

### Subtraction of the company is a service revenue:  ### Subtraction of the company is a service revenue:  ### THEATRICAL PROD. / ED.  ### Subtraction government agencies.  ### Membership dues and assessments  ### Membership dues and assessments  ### Subtraction government agencies.  ### Membership dues and assessments  ### Subtraction government agencies.  ### Membership dues and assessments  ### Subtraction government agencies.  ### Membership dues and assessments  ### Subtraction government agencies.  ### Membership dues and assessments  ### Subtraction government agencies.  ### Membership dues and assessments  ### Subtraction government agencies.  ### Membership dues and assessments  ### Subtraction government agencies.  ### Membership dues and assessments  ### Subtraction government agencies.  ### Subtraction gov	Fait vii Atlaiysis of Income-Froud			Evaluded by see	tion 512 512 or 514	
a THEATRICAL PROD. /ED.    196, 251.	Note: Enter gross amounts unless otherwise indicated	(A)	(B)	(C)	(D)	Related or exempt
f Medicare/Medicard payments g fees & contracts from government agences.  4 Membership dues and assessments 5 Interest on savings & temporary cards minimits 5 Dividends & interest from securities 7 Net rental income of (tos) from real estate: a debt-financed property b not debt-financed property 10 Other inventory 10 Other inventory 11 Net rental income or (tos) from special events 11 Other consument income 12 Gross pend or (toss) from special events 12 Cores pend or (toss) from special events 13 Other revenue: a  14 Subtoal (add columns (8), (0), and (5)) 15 Total (add fine 104, columns (8), (0), and (5)) 16 Total (add fine 104, columns (8), (0), and (5)) 17 Total (add fine 104, columns (8), (0), and (5)) 18 Part VIII (Relationship of Activities to the Accomplishment of Exempt Purposes) 193						198,251.
See See See See See See See See See Se	b					
f Medicare/Medicard payments g Fees & contrasts from government agencies.  94 Membershy dues and assessments  95 Interest on swings & temporary cash invinits  95 Interest on swings & temporary cash invinits  96 Dividends & interest from securities  97 Net rental income or (loss) from real estatic: a debt-financed property 98 Net rental income or (loss) from peas prop 99 Other investment income 100 Gain or (loss) from seales of assets other than investory 110 Net income or (loss) from seales of assets other than investory 111 Net income or (loss) from seales of assets other than investory 112 Cross profit of loss from seales of assets other than investory 113 Other revenue: a  114 548.  115 Total (add columns (8), (0), and (E)) 116 Total (add interest of loss) from seales of assets other than investory 117 Interest of loss from seales of assets other than investory 118 Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)  119 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)  120 Explain how each activity for which income is reported in column (6) of Part VIII contributed importantly to the accomplishment of Exempt Purposes (See instructions.)  129 EXEMPT INCOME FROM PRODUCTIONS/SHOWS  120 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)  120 (C)  121 Part XI Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  120 Part X Information, during the year, receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?  121 Part X Information, during the year, receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?  122 Part X Information, during the year, receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?  123 Part X Information, during the year, receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?  124 Part	c					
f Medicare/Medicard payments g Fees & contrasts from government agencies.  94 Membershy dues and assessments  95 Interest on swings & temporary cash invinits  95 Interest on swings & temporary cash invinits  96 Dividends & interest from securities  97 Net rental income or (loss) from real estatic: a debt-financed property 98 Net rental income or (loss) from peas prop 99 Other investment income 100 Gain or (loss) from seales of assets other than investory 110 Net income or (loss) from seales of assets other than investory 111 Net income or (loss) from seales of assets other than investory 112 Cross profit of loss from seales of assets other than investory 113 Other revenue: a  114 548.  115 Total (add columns (8), (0), and (E)) 116 Total (add interest of loss) from seales of assets other than investory 117 Interest of loss from seales of assets other than investory 118 Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)  119 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)  120 Explain how each activity for which income is reported in column (6) of Part VIII contributed importantly to the accomplishment of Exempt Purposes (See instructions.)  129 EXEMPT INCOME FROM PRODUCTIONS/SHOWS  120 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)  120 (C)  121 Part XI Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  120 Part X Information, during the year, receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?  121 Part X Information, during the year, receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?  122 Part X Information, during the year, receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?  123 Part X Information, during the year, receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?  124 Part	d					
s fees & contracts from government agencies.  4 Membership dues and assessments  5 Interest on saning & temporary cash inwinits  5 Dividends & interest from securities  7 Net retail income or (loss) from relie state:  a debt-financed property  bin of debt-financed property  98 Net retail income or (loss) from pers prop  99 Other inventory  100 Gain or (loss) from sales of assets other than inventory  101 Net income or (loss) from sales of assets other than inventory  102 Gross ports of (loss) from sales of inventory  103 Other revenue: a  b  104 Subtotal (add columns (8), (D), and (E))  105 Total (add line 104, columns (8), (D), and (E))  106 Total (add line 104, columns (8), (D), and (E))  107 Total (add line 104, columns (8), (D), and (E))  108 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)  108 EXEMPT INCOME FROM PRODUCTIONS/SHOWS  109 Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)  109 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  109 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  109 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  109 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  109 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  100 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  101 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  102 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  108 Part X Information Regarding Transfers Associated with Personal Benef						
94 Membership dues and assessments 95 Interest on saving & temporary cath inwinits 96 Dividends & interest from securities 97 Net retail income of (loss) from real estate: a debt-financed property b not debt-financed property b not debt-financed property b not debt-financed property 10 Gain or (loss) from sales of assets of their than inventory 110 He income or (loss) from special events. 110 Gain or (loss) from special events. 111	The state of the s		- · ·			
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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 90 Other investment income 100 Gain or (loss) from sales of assets other than inventory 111 Net income or (loss) from sales of assets other than inventory 112 Gross portion of (loss) from sales of inventory 113 Other revenue: a  11	• • •		·- ·	14	548.	
a debt-financed property b not debt-financed property 98 Net rettal income or (less) from pers prop 99 Other investment income 18 6, 551.  102 Gan or (loss) from sales of assets other than inventory 103 Other revenue: a 102 Coess profit or (less) from sales of inventory 103 Other revenue: a 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Total (add line 104, columns (B), (D), and (E)) 107 Total (add line 104, columns (B), (D), and (E)) 108 Explain how each activity for which income is reported in column (E) of Part VIII (Pallationship of Activities to the Accomplishment of Exempt Purposes (See instructions.) 109 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) 109 EXEMPT INCOME FROM PRODUCTIONS/SHOWS  109 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) 109 (C) 100 (E) 100 Nature of activities (See instructions.) 100 (E) 101 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 102 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 103 Other revenue: a 104 the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 109 Yes X No 109 Notes (Yes's to Qb, file Form 8370 and Form 4720 (See instructions). 100 Part X Information Regarding Transfers Associated with Personal Benefit contract? 100 Part X Information Regarding Transfers Associated with Personal Benefit contract? 100 Part X Information Regarding Transfers Associated with Personal Benefit contract? 103 Part X Information Regarding Transfers Associated with Personal Benefit contract? 104 Part X Information Regarding Transfers Associated with Personal Benefit contract? 105 Part X Information Regarding Transfers Associated with Personal Benefi						<u> </u>
b not debt-financed property.  98 Net rental income or (loss) from pers prop  99 Other investment income  100 Gan or (loss) from pers prop  101 Net income or (loss) from sales of assets other than inventory.  102 Gross port or (loss) from special events.  103 Other revenue: a  104 Subtotal (add columns (8), (0), and (E))  105 Total (add line 104, columns (8), (0), and (E))  106 Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I  107 Part VIII Relationship of Activities to the Accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)  93A EXEMPT INCOME FROM PRODUCTIONS/SHOWS  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)  (A)  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (D)  (E)  Nature of activities  Income  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?  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?  Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  A B B IN Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Part X Information Regarding Transfers Associated with Personal Benefit Contracts?  Part X Information Regarding Transfers Associated with Personal Benefit Contracts?  Part X Information Regarding Transfers Associated with Personal Benefit Contracts?  Part X Information Regarding Transfers Associated with Personal Benefit Contracts?  Part X Information Regarding Transfers Associated with Personal Benefit Contracts?  Part X Information Regarding Transfers Associated with Personal Benefit Contracts?  Part X Inf						
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Other investment income  Ocan for (loss) from sales of assets other than inventory  Other than inventory  Other to (loss) from sales of inventory  Other revenue: a  Differ rev				<del>                                     </del>	<u></u>	
Office that nivendroy  101 Net income or (loss) from special events  102 Gross profit or (loss) from special events  103 Other revenue: a  104 Subtotal (add columns (8), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  106 Total (add line 104, columns (B), (D), and (E))  107 Total (add line 104, columns (B), (D), and (E))  108 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  109 Total (add line 104, columns (B), (D), and (E))  100 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)  100 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization of explain the purposes (other than by providing funds for such purposes (See instructions.)  109 (C)  109 (E)  100 (C)  100 (E)  101 (E)  101 (E)  102 (D)  103 (E)  103 (E)  104 (E)  105 (E)  106 (C)  107 (E)  107 (E)  108 (E)  109 (E)			. —	10	C 551	
other than inventory 101 Net income of (loss) from special events.  102 Gress profit or (loss) from special events.  103 Other revenue: a  104 Subtotal (add columns (8), (0), and (E)) 105 Total (add line 104, columns (8), (0), and (E)) 106 Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I  107 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)  Line No.  108 EXEMPT INCOME FROM PRODUCTIONS/SHOWS  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)  (A)  (B) (C) (D) (E)  Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  8  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 preniums on a personal benefit contract?  Note: Yes 10 (D), file Form 870 and Form 4720 (See instructions), and to the best of my knowledge and belief, it is a partner or shall be contracted to the promote of personal benefit contract?  109 Personal See instructions.  10 Did the organization, during the year, pay preniums, directly or indirectly, on a personal benefit contract?  10 Did the organization of promote of the form 870 and Form 4720 (See instructions).  10 Did the organization of promote of the form shall be partners of the promote of the form shall be partners of the promote of the promote of the form shall be partners of the promote of the form than other) is based on all information of which peparer  10 Did the organization of promote of the form shall be partners of the promote of the form shall be partners of the promote of the promote of the form than other) is based on all information of which peparer  11			<del></del>	18	6,551.	
101 Net income or (loss) from special events. 102 Gross profit or (loss) from special events. 103 Other revenue: a  104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Total (add line 104, columns (B), (D), and (E)) 107 Total (add line 104, columns (B), (D), and (E)) 108 Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.) 109 Line No.  109 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) 109 SEXEMPT INCOME FROM PRODUCTIONS/SHOWS  109 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) 109 (C) 109 (E) 109 (	other than inventory			1		
102 Gross profit or (loss) from sales of inventory  103 Other revenue: a  b  c  d  d  104 Subtotal (add columns (B), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  106 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. of the organization's exempt purposes (other than by providing funds for such purposes)  93A EXEMPT INCOME FROM PRODUCTIONS/SHOWS  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)  (A)  (B)  (C)  (D)  (E)  Nature of activities  Total End-of-year assets  N/A  8  Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)  a Did the organization, during the year, peay premiums, directly or indirectly, on a personal benefit contract?  Yes X No Note:  Yes X No Note:  Yes X No Prepared and Form 4720 (See instructions.)  The personal benefit contract?  Part X Information Regarding Transfers Associated with Personal Benefit contract?  Yes X No Note:  Yes X No Note:  Yes X No Date  Personal parties of my knowledge and belief, it is my knowledge.	,			1	25,944.	
103 Other revenue: a    C					,	<u></u>
Subtotal (add columns (B), (D), and (E))   33,043.   198,251.						
Subbtal (add columns (B), (D), and (E))   33, 043.   198, 251.	•					
Subtotal (add columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  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)  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)  (A)  (B)  (C)  (D)  (E)  Name, address, and EIN of corporation, partnership, or disregarded entity  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?  Note: (Yes' to (b), file Form 8870 and Form 4720 (See instructions).  Deep penalties of person including examined this return, including accompanying schedules and statenge and to the best of my knowledge and belief, it is purposed.  Please  Please	C					
Subtotal (add columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  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)  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)  (A)  (B)  (C)  (D)  (E)  Name, address, and EIN of corporation, partnership, or disregarded entity  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?  Note: (Yes' to (b), file Form 8870 and Form 4720 (See instructions).  Deep penalties of person including examined this return, including accompanying schedules and statenge and to the best of my knowledge and belief, it is purposed.  Please  Please	d					
105 Total (add line 104, columns (B), (D), and (E)) 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.	e					
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.	104 Subtotal (add columns (B), (D), and (E))				33,043.	
Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Instructions.)  Line No.	105 Total (add line 104, columns (B), (D),	and (E))			· •	231,294.
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)  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)  (A) (B) (C) (D) (E)  Name, address, and EIN of corporation, percentage of ownership interest partnership, or disregarded entity ownership interest where the partnership, or disregarded entity ownership interest with the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  a Did the organization, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  Yes (b) file Form 8870 and Form 4720 (see instructions).  By Contract of the information of which preparer and to the best of my knowledge and belief, it is based on all information of which preparer.					<del> </del>	
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Instructions.)  (A)  (B)  (C)  (D)  (E)  Nature of activities  Total  Information Regarding Transfers Associated with Personal Benefit Contracts (See Instructions.)  Part X Information Regarding Transfers Associated with Personal Benefit contract?  b Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  Yes to (b), tile Form 8870 and Form 4720 (See Instructions).  Please  Please  Please  Part X Information Regarding Transfers Associated with Personal Benefit contract?  Yes X No  Note:  Yes to (b), tile Form 8870 and Form 4720 (See Instructions).  Date  Please  Please  DiZ.	Part VIII Relationship of Activities t	o the Accor	nplishment of Exc	empt Purpose:	<b>S</b> (See instructions.)	
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Instructions.)  (A) (B) (C) (D) (E)  Name, address, and EIN of corporation, partnership, or disregarded entity Percentage of ownership interest Income Percentage of	Line No.   Explain how each activity for which of the organization's exempt purp	ch income is re loses (other tha	ported in column (E) on by providing funds	of Part VII contribution of Part VII contribution of Part VII contributions of Part VII contribu	uted importantly to the	accomplishment
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Percentage of ownership interest  Nature of activities  Total income  End-of-year assets  N/A  R  R  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?  b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes X No  Note: ('Yes' to (b), file Form 8870 and Form 4720 (see instructions).  The part X information of personal benefit contract?  The part X information of person	93A EXEMPT INCOME FROM PR	ODUCTIONS	/SHOWS			
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Percentage of ownership interest  Nature of activities  Total income  End-of-year assets  N/A  R  R  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?  b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes X No  Note: ('Yes' to (b), file Form 8870 and Form 4720 (see instructions).  The part X information of personal benefit contract?  The part X information of person						
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Percentage of ownership interest  Nature of activities  Total income  End-of-year assets  N/A  R  R  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?  b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes X No  Note: ('Yes' to (b), file Form 8870 and Form 4720 (see instructions).  The part X information of personal benefit contract?  The part X information of person				-	-	
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Percentage of ownership interest  Nature of activities  Total income  End-of-year assets  N/A  R  R  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?  b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes X No  Note: ('Yes' to (b), file Form 8870 and Form 4720 (see instructions).  The part X information of personal benefit contract?  The part X information of person						
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Percentage of ownership interest  Nature of activities  Total income  End-of-year assets  N/A  R  R  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?  b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes X No  Note: ('Yes' to (b), file Form 8870 and Form 4720 (see instructions).  The part X information of personal benefit contract?  The part X information of person	Part IX Information Regarding Tax	cable Subsic	liaries and Disrec	arded Entities	(See instructions.)	
Name, address, and EIN of corporation, partnership, or disregarded entity  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?  b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes X No Note:  Yes X No Note:  Yes X No Note:  Yes to (b), file Form 8870 and Form 4720 (see instructions).  Please  Please  Please  Date						(E)
partnership, or disregarded entity    N/A			. 1			
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?  b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes X No Note: Yes' to (b), file Form 8870 and Form 4720 (see instructions).  Ider penalties of personal benefit contract?  Ider penalties of penalt	partnership, or disregarded entity			activities		assets
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?	N/A		8			
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 X No b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No Note:  Yes' to (b), file Form 8870 and Form 4720 (see Instructions).  Idea penalties of period, I declare that heve examined this return, including accompanying schedules and statement and to the best of my knowledge and belief, it is expected, and complete Declaration of preparer (other than officer) is based on all information of which preparer is any knowledge.  Please  Date			8			
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?  b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes X No No Note:  'Yes' to (b), file Form 8870 and Form 4720 (see Instructions).  The penalties of period in declare that these examined this return, including accompanying schedules and statemer and to the best of my knowledge and belief, it is exprect, and complete Declaration of preparer (other than officer) is based on all information of which preparer.  Date			8			
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  **No b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  **No Note:**  **Yes*** To (b), file Form 8870 and Form 4720 (see instructions).**  **Jectare that have examined this return, including accompanying schedules and statement and to the best of my knowledge and belief, it is expressed in the prepared of the prepared of the personal benefit contract?  **Jectare that have examined this return, including accompanying schedules and statement and to the best of my knowledge and belief, it is expressed in the prepared of the personal benefit contract?  **Jectare that have examined this return, including accompanying schedules and statement and to the best of my knowledge and belief, it is expressed in the prepared of the personal benefit contract?  **Jectare that have examined this return, including accompanying schedules and statement and to the best of my knowledge and belief, it is because the personal benefit contract?  **Jectare that have examined this return, including accompanying schedules and statement and to the best of my knowledge and belief, it is because the personal benefit contract?  **Jectare that have examined this return, including accompanying schedules and statement and to the best of my knowledge and belief, it is because the personal benefit contract?  **Jectare that have examined this return, including accompanying schedules and statement and to the best of my knowledge and belief, it is because the personal benefit contract?  **Jectare that have examined the personal benefit contract?  **Jectare that						
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes X No Note: Yes' to (b), file Form 8870 and Form 4720 (see instructions).  der penalties of perium 1 declare that have examined this return, including accompanying schedules and statement and to the best of my knowledge and belief, it is expected, and complete Declaration of preparer (other than officer) is based on all information of which preparer.  Please  Date	Part X Information Regarding Tra	insfers Asso	ciated with Person	onal Benefit C	ontracts (See instru	ctions.)
Note: ('Yes' to (b), file Form 8870 and Form 4720 (see instructions).    declare that here examined this return, including accompanying schedules and statements, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer any knowledge    Diff 5   Date   Da	a Did the organization, during the year, receive any f	unds, directly or in	directly, to pay premiums of	n a personal benefit co	ntract?	Yes X No
Note: ('Yes' to (b), file Form 8870 and Form 4720 (see instructions).    declare that here examined this return, including accompanying schedules and statements, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer any knowledge    Diff 5   Date   Da	<b>b</b> Did the organization, during the year, pa	av premiums, d	rectly or indirectly, or	n a personal ben <u>e</u>	fit contract?	. Yes X No
der penalties of perum I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is exprect, and complete Declaration of preparer (other than officer) is based on all information of which preparer is any knowledge  Please  Please  Date		-		·		
Please Diz.				schedules and stateme	and to the best of my kn	owledge and belief, it is
EXEC. DIZ.		reparer (other than o	officer) is based on all inform	ation of which preparer	any knowledge	_
EXEC. DIR.	Please P				1 0/11/0	5
			والمحر محسان		Date /	
Date Check if Preparer's SSN or PTIN (see			EXEC	· DIR.	-	
Date Check if Preparer's SSN or PTIN (see				···		
				Date	Check if C	eparer's SSN or PTIN (see

### SCHEDULE A (Form 990 or 990-EZ)

# 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

2003

OMB No 1545-0047

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.

Employer identification number Name of the organization 95-2556678 SAN LUIS OBISPO LITTLE THEATRE 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 ') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation NONE Total number of other employees paid over \$50,000 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.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services

Par	t III	Statements About Activities (See Instructions )		Yes	No
1	to influ	the year, has the organization attempted to influence national, state, or local legislation, including any attempt ence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	:		
		red in connection with the lobbying activities \$\ \N/A \\ qual amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		Х
	Organiz	tations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other ations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the gractivities			
2	substar taxable	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any itial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal ary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
а	Sale, e	change, or leasing of property?	2a		Х
b	Lending	of money or other extension of credit?	2b		х
c	Furnish	ing of goods, services, or facilities?	2c		Х
d	l Paymei	nt of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
е	Transfe	r of any part of its income or assets?	2e		х
	explana	make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an tion of how you determine that recipients qualify to receive payments.)	3a	•••	х
4	Do you Did you	have a section 403(b) annuity plan for your employees?	3b	Х	х
Par		Reason for Non-Private Foundation Status (See Instructions )	-		
		tion is not a private foundation because it is: (Please check only ONE applicable box.)			
5	Ť	hurch, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	☐ A s	chool Section 170(b)(1)(A)(ii). (Also complete Part V)			
7	$\blacksquare$	ospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		ederal, state, or local government or governmental unit Section 170(b)(1)(A)(v).			
9	and	nedical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital state >			
10	(Al:	organization operated for the benefit of a college or university owned or operated by a governmental unit. Section complete the <b>Support Schedule</b> in Part IV-A.)			4)(IV).
11 a	X An Sec	organization that normally receives a substantial part of its support from a governmental unit or from the general ition 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)	public	•	
11 b	)	ommunity trust. Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)			
12	fror	organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, ain activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% in gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire anization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)	of its:	oggue	eipts rt
13	des	organization that is not controlled by any disqualified persons (other than foundation managers) and supports org cribed in: <b>(1)</b> lines 5 through 12 above, or <b>(2)</b> section 501(c)(4), (5), or (6), if they meet the test of section 509(a) tion 509(a)(3).)	ganızat (2). (S	ions ee	
		Provide the following information about the supported organizations. (See instructions )			
		(a) Name(s) of supported organization(s)	(b) Li	ne nui n abo	
			-,, -		
14	_ 	organization organized and operated to test for public safety Section 509(a)(4) (See instructions.)			
	1 127	organization organizate and operated to test for public surely occitor sostal(4) (occ matructions.)			

Schedule A (Form 990 or 990-EZ) 2003 SAN LUIS OBISPO LITTLE THEATRE

95-2556678

Page 2

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 **(c)** 2000 **(d)** 1999 (a) 2002 Total beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 15 31,304 14,778 49,984. 12,590. 108,656. 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 207,310 167,469 125,714. 91,160. 591,653. charitable, etc, purpose 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 organ-4,845. 1,492 146 1,605 1,602 ization after June 30, 1975 Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets SEE STMT 3,812 3,812 708,966. 183,739 175,844 105,355 244,028. Total of lines 15 through 22 36,718. 50,130 16,270. 14,195. 117,313. Line 23 minus line 17 1,054 1,837. 1,758 Enter 1% of line 23 2,440. 2,346. 26 a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your 26 b return. Enter the total of all these excess amounts 117,313. c Total support for section 509(a)(1) test: Enter line 24, column (e) 26 c 4,845. d Add: Amounts from column (e) for lines: 19 3,812. 8,657 26 d 26 b 26 e 108,656. e Public support (line 26c minus line 26d total). f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 92.62 % 27 Organizations described on line 12: N/A
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.  $(2002) \ \_ \ \_ \ \_ \ (2001) \ \_ \ \_ \ \_ \ (2000) \ \_ \ \_ \ \_ \ (1999) \ \_ \ \_ \ \_ \ \_ \ \_ \$ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: . \_ \_ \_ \_ (2001) \_ \_ \_ c Add. Amounts from column (e) for lines 15 20 27 c 27 d and line 27b total d Add: Line 27a total 27 e e Public support (line 27c total minus line 27d total). . . f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27 g g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27 h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

ı aı	(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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
		-		
	Does the organization maintain the following:	222		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially	32a		
	nondiscriminatory basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		<u> </u>
1	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
22				
33	Does the organization discriminate by face in any way with respect to.			
;	a Students' rights or privileges?	33a		
١	b Admissions policies?	33 b		
(	c Employment of faculty or administrative staff?	33 c		
(	d Scholarships or other financial assistance?	33 d		
(	e Educational policies?	33e		
,	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
ı	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	34 b		
	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.	35		

Par	t VI-A Lobbying Ex (To be complet	cpenditures by Ele ed ONLY by an eligible	cting Public Chari	<b>ties</b> (See ınstru Form 5768)	uctions.)				N/A
		zation belongs to an aff					'lımıtec	l conti	rol' provisions apply.
		imits on Lobbying	•			Affiliate	a) ed grou tals	ıb	(b) To be completed for ALL electing
	(The term	'expenditures' means a	amounts paid or incurre	ed )					organizations
36	Total lobbying expendit	•			36				
37	Total lobbying expendit		• •	ying) .	37				
38	Total lobbying expendit	·	•	•	38				
39	Other exempt purpose	•			39				
40	Total exempt purpose e				40				<del></del>
41	Lobbying nontaxable an		<del>-</del>						
	Not over \$500,000		lobbying nontaxable a of the amount on line		i i				
	Over \$500,000 but not over \$1		000 plus 15% of the excess of	l l	] ]				
	Over \$1,000,000 but not over \$		000 plus 10% of the excess of		41				
	Over \$1,500,000 but not over \$		000 plus 5% of the excess ov		<del> </del>				
	Over \$17,000,000		000,000	J. (1,000,000					
42	Grassroots nontaxable				. 42				
43	Subtract line 42 from lin				43				
44	Subtract line 41 from lin	ne 38 Enter -0- if line 4	I1 is more than line 38		44				
	Caution: If there is an a	amount on either line 4:	3 or line 44, you must f	ile Form 4720					
	(Some organ	izations that made a se	Averaging Period ection 501(h) election de the instructions for li	o not have to co	mplete	(h) all of the f	ive col	umns	below.
			Lobbying Expend	ditures During 4	1 -Year	Averaging	Period	l	
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2003	<b>(b)</b> 2002	<b>(c)</b> 2001			( <b>d)</b> 000		<b>(e)</b> 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 .								
Par	VI-B Lobbying Ac	ctivity by Nonelect	ing Public Charitie at did not complete Par	s t VI-A) (See ins	struction	s.)			N/A
Durir	ng the year, did the organ npt to influence public or	nization attempt to influ pinion on a legislative m	ence national, state or natter or referendum, th	local legislation rough the use of	n, includ	ing any	Yes	No	Amount
	Volunteers						$oxed{oxed}$		
b	Paid staff or manageme	ent (Include compensati	ion in expenses reporte	d on lines <b>c</b> thr	ough <b>h</b> .	).	$\vdash \dashv$		
	Media advertisements			•	• •				
	Mailings to members, le	-		• •	• •		$\vdash$	-	
	Publications, or publish			•			$\vdash$		
	Grants to other organization of the Grants to other organization of the Grants of the			enislative body			<del>  </del>		
_	i Rallies, demonstrations				ans		$\vdash$	$\overline{}$	<del></del>
	Total lobbying expenditi						<del></del>		
•	If 'Yes' to any of the abov	-	•	iption of the lobb	ying acti	vities.			
BAA		<u></u>	_ 0 _ 0				edule A	(For	m 990 or 990-EZ) 2003

Schedule A	(Form 990 or 990-EZ) 2	003 SAN	LUIS OB	ISPO LITTLE T	HEATRE	95-2556	678	Р	age (
Part VII	Information Regard Exempt Organization	ding Trans	sfers To ar	nd Transactions	and Relations	hips With Nonchar	itable		
<b>51</b> Did th	<del>- •</del>	•		age in any of the foll	owing with any oth	ner organization describe	ed in secti	on 50	 1(c)
	e reporting organization Code (other than section					organizations?			
a Trans	fers from the reporting or	rganızatıon	to a nonchari	table exempt organi	zation of:			Yes	No
(i) C	ash		• • •				51 a (i)		Х
(ii)O	ther assets					•• • ••	a (ii)		Х
	transactions:								l
(i)S	ales or exchanges of ass	ets with a n	oncharitable -	exempt organizatıon	1		b (i)		Х
(ii)P	urchases of assets from a	a noncharita	able exempt o	organization			b (ii)		Х
(iii)R	ental of facilities, equipm	ent, or othe	r assets				b (iii)		Х
(iv)R	eimbursement arrangeme	ents		•		•	b (iv)		X
, ,	oans or loan guarantees					•	b (v)		Х
	erformance of services of			_			b (vi)		X
c Sharır	ng of facilities, equipmen	it, mailing li	sts, other ass	ets, or paid employe	es.		<u> </u>		X
<b>d</b> If the the ac	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	ve is 'Yes,' vices given	complete the	following schedule. Ing organization If I	Column (b) shoul the organization re	d always snow the fair n eceived less than fair ma	narket vali Irket value	in H	
any tr	ansaction or sharing arra	angement, s	hów in colum	n (d) the value of th	e goods, other ass		<u>d:</u>		
(a)	(b) Amount involved	Name of	noncharitable	:) e exempt organizatio	Description	(d) of transfers, transactions, and	sharing arra	nnemen	ite
Line no	Amount involved	Ivame or		exempt organization	Description	or transfers, transactions, and	Sharing arra	ngemen	<u> </u>
N/A				.,					
	· · · · · ·								
				· <del>-</del>		+			
						<del></del> .			
				<del></del>					
	<u></u>			·	··				
						****			
				<u></u>					
				- <u></u>					
descr	organization directly or in its in section 501(c) of s,' complete the following	the Code (o	filiated with, o ther than sec	or related to, one or tion 501(c)(3)) or in	more tax-exempt of section 527?	organizations	► ☐ Ye	s X	No
	(a)			(b)		(c)			
	Name of organization		Туре	of organization		Description of relation	nship		
N/A									
•									
			L						

2003	FEDERAL	STATEME	ENTS		PAGE 1
CLIENT 8094	SAN LUIS OBIS	SPO LITTLE TH	IEATRE		95-2556678
2/10/05					07:28PN
STATEMENT 1 FORM 990, PART I, LINE 7 OTHER INVESTMENT INCOME					
UNREALIZED GAIN ON INV.				TOTAL \$	6,551. 6,551.
STATEMENT 2 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM SPEC	CIAL EVENTS				
SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
JOHNNY CASH LEGENDS GALA BALL EMY SWINGS BLUES TOTA	33,554. 17,520. 500. \$ 51,574.	0. 0. 0. \$ 0.	33,554. 17,520. 500. \$ 51,574.	12,571.	20,495. 4,949. 500. \$ 25,944.
STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES	-		<del>-</del>	-	
		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
ACT EXPENSES ADVERTISING BANK CHARGES BOX OFFICE EXPENSES		20,014. 4,189. 4,769. 1,522.	20,014. 4,189. 2,385. 1,522.	2,384.	
DUES AND SUBSCRIPTIONS INSURANCE JANITORIAL MEETINGS MISCELLANEOUS		687. 17,243. 2,729. 1,455. 2,301.	344. 8,622. 1,365. 728. 1,151.	343. 8,621. 1,364. 727. 1,150.	
NEWSLETTER OFFICE EXPENSE PERFORMANCE SUPPLIES PRODUCTION EXPENSES		792. 2,607. 4,481. 44,586.	396. 1,304. 4,481. 44,586.	396. 1,303.	
SHOW PROGRAMS THEATER MAINTENANCE UTILITIES		8,336. 4,228. 3,486. 557.	8,336. 4,228. 1,743. 279.	1,743. 278.	

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2003	FEDERAL STATE	MENTS	PAGE 2
CLIENT 8094	SAN LUIS OBISPO LITTLE	THEATRE	95-255667
2/10/05 STATEMENT 4 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPI	MENT		07:28P
CATEGORY	В.	ACCUM. ASIS DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT IMPROVEMENTS	\$ TOTAL	66,210. \$ 3,6	64. \$ 62,546. 67. 3,333. \$ 65,879.
STATEMENT 5 FORM 990, PART IV, LINE 58 OTHER ASSETS			
INSURANCE DEPOSIT		TO	TAL \$ 1,134. \$ 1,134.
STATEMENT 6 FORM 990, PART IV, LINE 65 OTHER LIABILITIES  LINE OF CREDIT. PAYROLL TAXES PAYABLE PREPAID INCOME			\$ 9,944. 1,849. 4,076. TAL \$ 15,869.
STATEMENT 7 FORM 990, PART V LIST OF OFFICERS, DIRECTORS  NAME AND ADDRESS	S, TRUSTEES, AND KEY EMP TITLE AND AVERAGE HOURS PER WEEK DEVOT	COMPEN- BU'	ONTRI- EXPENSE FION TO ACCOUNT/ FP & DC OTHER
BARRIE CLEVELAND P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	\$ 0.\$	0. \$ 0
WILDA ROSENE P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	0.	0. 0
	SECRETARY AS NEEDED	0.	0. 0
KIM TULLEDGE P.O. BOX 122 SAN LUIS OBISPO, CA 93406			

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# **FEDERAL STATEMENTS**

PAGE 3

**CLIENT 8094** 

### SAN LUIS OBISPO LITTLE THEATRE

95-2556678 07:28PM

2/10/05

STATEMENT 7 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
WENDY EIDSON P.O. BOX 122 SAN LUIS OBISPO, CA 93406	EXECUTIVE DIR. 40 HRS/WK			
MIKE KEE P.O. BOX 122 SAN LUIS OBISPO, CA 93406	PRESIDENT ELECT AS NEEDED	0.	0.	0.
CHRISTINE ATKINSON P.O. BOX 122 SAN LUIS OBISPO, CA 93406	TREASURER AS NEEDED	0.	0.	0.
JUDITH JESNESS P.O. BOX 122 SAN LUIS OBISPO, CA 93406	VICE PRESIDENT AS NEEDED	0.	0.	0.
JOHN BATTALINO P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	0.	0.	0.
WALT MILLAR P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	0.	0.	0.
BOB STRICKLIN P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	0.	0.	0.
MARY MESERVE P.O. BOX 122 SAN LUIS OBISPO, CA 93406	DEV. DIRECTOR 40 HRS/WK	30,188.	0.	0.
SUSAN MULLEN P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	0.	0.	0.
	TOTAL	\$ 66,188.	<u>\$ 0.</u>	\$ 0.

STATEMENT 8	
<b>SCHEDULE A, PART IV-A, LINE 22</b>	)
OTHER INCOME	

DESCRIPTION	_(A)	2002	<u>(B)</u>	2001	(C)	2000	(D)	1999	<u>(E)</u>	TOTAL
UNREALIZED GAIN ON INVESTMEN	Γ									
	\$	3,812.	\$	0.	\$	0.	\$	0.	\$	3 <u>,</u> 812.
TOTAL	\$	3,812.	\$	0.	\$	0.	\$	0.	\$	3,812.

6/30/04	5	003 F	2003 FEDERA		00K	DEP	BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				PAGE 1
CLIENT 8094				SANL	UIS OE	ISPO LI	SAN LUIS OBISPO LITTLE THEATRE	EATRE	:				į	95-2556678
2/10/05 NO. DESCRIPTION	DATE ACQUIRED	DATE	COST/ BASIS	BUS. PCT. B	CUR 179 BONUIS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. Basis	PRIOR DEPR	METHOD_ LIFE_RATE	LIEE RAT	07:28PM CURRENT EDEPR.
990/990-P														
IMPROVEMENTS														
5 CARPETING	10/17/02	,	2,000	I						2,000	299	S/L	S	1,000
TOTAL IMPROVEMENTS			2,000		0	0	0	0	0	2,000	299			1,000
MACHINERY AND EQUIPMENT														
1 EQUIPMENT	VARIOUS		58,765		•					58,765				0
2 COMPUTER-BOX OFFICE	7/25/01		1,005							1,005	385	S/L	S	. 201
3 SOFTWARE-BOX OFFICE	1/27/01		3,126							3,126	1,198		S	625
4 IMAC COMPUTER	4/30/05		009							009	140	S/L	2	120
6 SOUND SYSTEM	8/30/02	•	2,714	ļ						2,714	452	S/L	2	543
TOTAL MACHINERY AND EQUIPME			66,210		0	0	0	0	0	66,210	2,175			1,489
TOTAL DEPRECIATION		**	71,210	ı 1		0	0	0		71,210	2,842			2,489
GRAND TOTAL DEPRECIATION			71,210	U		0	0	0	0	71,210	2,842			2,489