

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No 1545-0047  
**2005**  
**Open to Public Inspection**

**A For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
 GLOUCESTER STAGE COMPANY INC

**Number and street (or P O box if mail is not delivered to street address) Room/suite**  
 267 EAST MAIN STREET

**City or town, state or country, and ZIP + 4**  
 GLOUCESTER, MA 01930

**D Employer identification number**  
 04-2485199

**E Telephone number**  
 (978) 281-4099

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

**G Web site:** wwwgloucesterstage.com

**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.**

**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 Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. **379,590**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received				
	<b>a</b>	Direct public support	<b>1a</b>	107,204		
	<b>b</b>	Indirect public support	<b>1b</b>			
	<b>c</b>	Government contributions (grants)	<b>1c</b>			
	<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <u>103,204</u> noncash \$ <u>4,000</u> )		<b>1d</b>	107,204	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>	195,024	
	<b>3</b>	Membership dues and assessments		<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments		<b>4</b>	154	
	<b>5</b>	Dividends and interest from securities		<b>5</b>		
	<b>6a</b>	Gross rents	<b>6a</b>	13,917		
	<b>b</b>	Less rental expenses	<b>6b</b>	3,608		
	<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>	10,309	
<b>7</b>	Other investment income (describe _____)		<b>7</b>			
Revenue	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>		
	<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>			
	<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>		
Revenue	<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b>	Gross revenue (not including \$ <u>9,220</u> of contributions reported on line 1a) <input checked="" type="checkbox"/>	<b>9a</b>	58,165		
	<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	28,882		
	<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>	29,283	
Revenue	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b>	Less cost of goods sold	<b>10b</b>			
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>10c</b>		
Expenses	<b>11</b>	Other revenue (from Part VII, line 103)		<b>11</b>	5,126	
	<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		<b>12</b>	347,100	
	<b>13</b>	Program services (from line 44, column (B))		<b>13</b>	321,781	
	<b>14</b>	Management and general (from line 44, column (C))		<b>14</b>	78,084	
	<b>15</b>	Fundraising (from line 44, column (D))		<b>15</b>	3,654	
	<b>16</b>	Payments to affiliates (attach schedule)		<b>16</b>		
	<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))		<b>17</b>	403,519	
	Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)		<b>18</b>	-56,419
		<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>	217,126
		<b>20</b>	Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>		<b>20</b>	120,525
		<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		<b>21</b>	281,232

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22</b>	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>				
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25</b>	Compensation of officers, directors, etc . . . . .	<b>25</b>				
<b>26</b>	Other salaries and wages . . . . .	<b>26</b>	132,050	88,243	40,852	
<b>27</b>	Pension plan contributions . . . . .	<b>27</b>				
<b>28</b>	Other employee benefits . . . . .	<b>28</b>				
<b>29</b>	Payroll taxes . . . . .	<b>29</b>	22,104	14,658	6,747	
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>				
<b>31</b>	Accounting fees . . . . .	<b>31</b>	10,550		10,550	
<b>32</b>	Legal fees . . . . .	<b>32</b>	715		715	
<b>33</b>	Supplies . . . . .	<b>33</b>	1,834		1,834	
<b>34</b>	Telephone . . . . .	<b>34</b>	4,858	4,858		
<b>35</b>	Postage and shipping . . . . .	<b>35</b>				
<b>36</b>	Occupancy . . . . .	<b>36</b>	64,238	57,814	6,424	
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b>	1,532	1,532		
<b>38</b>	Printing and publications . . . . .	<b>38</b>	20,175	20,175		
<b>39</b>	Travel . . . . .	<b>39</b>				
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b>				
<b>41</b>	Interest . . . . .	<b>41</b>	3,220		3,220	
<b>42</b>	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	<b>42</b>	15,255	15,150	105	
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	See Additional Data Table	<b>43a</b>				
<b>b</b>		<b>43b</b>				
<b>c</b>		<b>43c</b>				
<b>d</b>		<b>43d</b>				
<b>e</b>		<b>43e</b>				
<b>f</b>		<b>43f</b>				
<b>g</b>		<b>43g</b>				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	403,519	321,781	78,084	3,654

**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** (See the instructions.)

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.

What is the organization's primary exempt purpose? <b>▶ TO CONDUCT CULTURAL, CHARITABLE AND EDUCATIONAL ACTIVITIES</b>  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> TO OFFER THEATRICAL PROGRAMS FOR YOUNG CHILDREN, HIGHSCHOOL AND COLLEGE STUDENTS TO OFFER THEATRICAL PROGRAMS AND PRODUCE PERFORMANCES AT AN AFFORDABLE PRICE  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	321,781
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <input type="checkbox"/>	321,781

**Part IV Balance Sheets** (See the 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	<b>45</b> Cash—non-interest-bearing . . . . .	10,691	<b>45</b>	56,698
	<b>46</b> Savings and temporary cash investments . . . . .	37,599	<b>46</b>	18,689
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	<b>47c</b>	
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>		
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 65,186	<b>48c</b>	65,186
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>		
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	<b>51c</b>	
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	3,702
	<b>54</b> Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>	<b>55c</b>	
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 1,104,858	<b>57c</b>	1,012,202	
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 92,656			
<b>58</b> Other assets (describe <input type="checkbox"/> _____)		<b>58</b>	1,200	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	948,389	<b>59</b>	1,157,677	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	2,040	<b>60</b>	24,931
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	3,670	<b>62</b>	21,190
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	721,000	<b>64b</b>	830,324
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____)	4,553	<b>65</b>	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	731,263	<b>66</b>	876,445	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted . . . . .	200,143	<b>67</b>	280,079
	<b>68</b> Temporarily restricted . . . . .	15,000	<b>68</b>	
	<b>69</b> Permanently restricted . . . . .	1,983	<b>69</b>	1,153
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .	217,126	<b>73</b>	281,232
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	948,389	<b>74</b>	1,157,677





**Part VI Other Information** (continued)

	Yes	No
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<b>82a</b> 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?	<b>82a</b>	Yes	
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	Yes	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	Yes	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 the prior year	<b>85b</b>		
<b>c</b> Dues assessments, and similar amounts from members	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
<b>h</b> 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?	<b>85h</b>		
<b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87 501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>		
<b>88</b> 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	<b>88</b>		No
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955			
<b>b 501(c)(3) and 501(c)(4) orgs.</b> 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	<b>89b</b>		No
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization			
<b>90a</b> List the states with which a copy of this return is filed: MA			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90b</b>		
<b>91a</b> The books are in care of: THE CORPORATION Telephone no: (978) 281-4099 Located at: 267 EAST MAIN STREET GLOUCESTER, MA ZIP + 4: 01930			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>91b</b>	Yes No	No
If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?	<b>91c</b>		No
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>92</b>		

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> ADMISSIONS					195,024
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			14	154	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .			16	10,309	
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .			01	29,283	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> CONCESSIONS			03	2,032	
<b>b</b> TICKET HANDLING FEE			01	2,314	
<b>c</b> MERCHANDISE SALES			03	780	
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				44,872	195,024
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					239,896

**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 the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	RECOVER COSTS FROM THEATRICAL PROGRAMS AND MAKE FEES AFFORDABLE

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

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

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

**Please Sign Here**

\*\*\*\*\*  
Signature of officer

2006-11-15  
Date

BARBARA HARGROVE TREASURER  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  JON R MORSE CPA PC

Date 2006-11-15

Check if self-employed

Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4  JON R MORSE CPA PC

38 PLEASANT STREET

GLOUCESTER, MA 019305943

EIN

Phone no  (978) 283-2224

**SCHEDULE A  
(Form 990 or  
990EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 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**

**2005**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
GLOUCESTER STAGE COMPANY INC

**Employer identification number**

04-2485199

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual 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 ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

**Part III Statements About Activities** (See page 2 of the instructions.)**Yes No**

<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 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	<b>1</b>		No
<b>2</b>	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.)			
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>		No
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b>	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 )	<b>3a</b>		No
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>		No
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>		No
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>		No
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>		No

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►** \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (see page 5 of the instructions )

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

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	191,050	70,605	85,335	51,310	398,300
<b>16</b> Membership fees received					0
<b>17</b> 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	189,215	263,814	171,674	153,939	778,642
<b>18</b> 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	434	236	294	42	1,006
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	17,149	21,669	14,661	8,350	61,829
<b>23</b> Total of lines 15 through 22	397,848	356,324	271,964	213,641	1,239,777
<b>24</b> Line 23 minus line 17	208,633	92,510	100,290	59,702	461,135
<b>25</b> Enter 1% of line 23	3,978	3,563	2,720	2,136	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					9,223
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					102,495
c Total support for section 509(a)(1) test Enter line 24, column (e)					461,135
d Add Amounts from column (e) for lines 18 1,006 19 0					
22 26 b 102,495					165,330
e Public support (line 26c minus line 26d total)					295,805
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					64.14 72 %
<b>27 Organizations described on line 12:</b> 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 (2004) (2003) (2002) (2001)					
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 (2004) (2003) (2002) (2001)					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c
d Add Line 27a total and line 27b total					27d
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
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
**(To be completed ONLY by an eligible organization that filed Form 5768)**

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

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred )															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is—</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is—</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													

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

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) <b>▶</b>	Lobbying Expenditures During 4-Year Averaging Period				
	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003	<b>(d)</b> 2002	<b>(e)</b> Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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



Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2005

Attachment Sequence No 67

(Rev. January 2006) Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return GLOUCESTER STAGE COMPANY INC

Business or activity to which this form relates Form 990 Page 2

Identifying number 04-2485199

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for Part II special depreciation allowance and other depreciation details.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for Part II special depreciation allowance and other depreciation details.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for Section A MACRS deductions for assets placed in service in tax years beginning before 2005.

Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for Section B assets placed in service during 2005 tax year using the general depreciation system.

Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

Table with 7 columns (a-g) for Section C assets placed in service during 2005 tax year using the alternative depreciation system.

Part IV Summary (see instructions)

Table with 3 rows for Part IV summary, including listed property amount and total depreciation deduction.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-27 and summary rows 28-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 include mileage and availability questions.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table for Section C with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

## TY 2005 Land etc. Schedule

**Name:** GLOUCESTER STAGE COMPANY INC

**EIN:** 04-2485199

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
RISERS	2,490	2,490	0
CHAIRS	500	500	0
FANS	320	320	0
SEATSRISERS	1,212	1,212	0
REEL TO REEL	80	80	0
TYPEWRITER	150	150	0
MISCELLANEOUS EQUIPMT	7,293	7,293	0
LIGHTING	894	894	0
AUDIO	1,118	1,026	92
2000 EQUIPMT ADDITIONS	1,245	964	281
IMPROVEMENTS	24,358	24,358	0
IMPROVEMENTS	12,734	12,734	0
IMPROVEMENTS	143	143	0
IMPROVEMENTS	536	536	0
IMPROVEMENTS	5,903	5,903	0
IMPROVEMENTS	10,969	10,969	0
IMPROVEMENTS	455	455	0
IMPROVEMENTS	7,383	6,603	780
3 NEW COMPUTERS	2,700	1,395	1,305
THEATER BUILDING	375,000	9,766	365,234
THEATER BUILDING LAND	375,000		375,000
SOFTWARE	1,824	963	861
LOAN COSTS	8,669	2,890	5,779
THEATER IMPROVEMENTS	260,612	814	259,798
AWNINGS	2,221	93	2,128
CCARD MACHINE	1,049	105	944

## TY 2005 Mortgages and Notes Payable Schedule

**Name:** GLOUCESTER STAGE COMPANY INC

**EIN:** 04-2485199

**Total Mortgage Amount:** 784324

<b>Item No.</b>	1
<b>Lender's Name</b>	GLOUCESTER COOPERATIVE
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	NONE
<b>Original Amount of Loan</b>	75000
<b>Balance Due</b>	46000
<b>Date of Note</b>	2002-03
<b>Maturity Date</b>	2007-03
<b>Repayment Terms</b>	ON DEMAND
<b>Interest Rate</b>	7.0000
<b>Security Provided by Borrower</b>	BUSINESS ASSETS AND GUARANTEES
<b>Purpose of Loan</b>	WORKING CAPITAL
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

**TY 2005 Other Assets Schedule**

**Name:** GLOUCESTER STAGE COMPANY INC

**EIN:** 04-2485199

Description	Beginning of Year Amount	End of Year Amount
UTILITY DEPOSIT		1,200

**TY 2005 Other Changes in Net Assets Schedule**

**Name:** GLOUCESTER STAGE COMPANY INC

**EIN:** 04-2485199

Description	Amount
FAIR VALUE OF CAPITALIZED SERVICES	120,525

## TY 2005 Special Events Schedule

**Name:** GLOUCESTER STAGE COMPANY INC

**EIN:** 04-2485199

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
RAFFLE	30,000	0	30,000	11,500	18,500
PROGRAM ADVERTISING SALES	23,555	0	23,555	8,532	15,023
FUNCTIONS	13,830	9,220	4,610	8,850	-4,240

## TY 2005 Other Income Schedule

**Name:** GLOUCESTER STAGE COMPANY INC

**EIN:** 04-2485199

Description	2003	2002	2001	2000	Total
CONCESSIONS		7,221	5,876		13,097
PROGRAM ADS	14,460	9,535	8,785	8,350	41,130
ROYALTY INCOME	1,040	2,176			3,216
MISCELLANEOUS					
TICKET HANDLING FEE	1,647	2,737			4,384
MERCHANDISE SALES	2				2

**TY 2005 Self Dealing Statement****Name:** GLOUCESTER STAGE COMPANY INC**EIN:** 04-2485199

<b>Line Number</b>	<b>Explanation</b>
2d	THE ORGANIZATION COMPENSATED A BOARD MEMBER FOR ACCOUNTING SERVICES FOR \$1,000 AND ANOTHER BOARD MEMBER FOR ACTOR HOUSING RENTAL FOR \$4,000.

**Additional Data****Software ID:****Software Version:****EIN:** 04-2485199**Name:** GLOUCESTER STAGE COMPANY INC**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> Production materials and other production expenses	<b>43a</b>	56,787	56,787		
<b>b</b> PRODUCTION OUTSIDE SERVICES	<b>43b</b>	37,650	37,650		
<b>c</b> PAYROLL SERVICE CHARGES	<b>43c</b>	1,122		1,122	
<b>d</b> MARKETING SUPPLIES AND SERVICES	<b>43d</b>	16,157	16,157		
<b>e</b> CREDIT CARD FEES	<b>43e</b>	4,300		4,300	
<b>f</b> BANK CHARGES	<b>43f</b>	153		153	
<b>g</b> TAXES OTHER	<b>43g</b>	147		147	
<b>h</b> INSURANCE	<b>43h</b>	5,573	5,573		
<b>i</b> CHILDREN'S CONSERVATORY	<b>43i</b>	208	208		
<b>j</b> MEMBERSHIP DUES EXPENSE	<b>43j</b>	2,976	2,976		
<b>k</b> PENALTIES	<b>43k</b>	167		167	
<b>l</b> PROFESSIONAL FEES-OTHER	<b>43l</b>	1,748		1,748	

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(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 & deferred compensation plans	(E) Expense account and other allowances
BARBARA HARGROVE 83 EASTERN AVE GLOUCESTER, MA 01930	TREASURER 4 00	0	0	0
BARRY WEINER ESQ 8 OCEAN HIGHLANDS GLOUCESTER, MA 01930	PRESIDENTDIRECTOR 4 00	0	0	0
LORI A CIANCIULLI ESQ 163 CABOT STREET BEVERLY, MA 01915	SECRETARYCLERK 2 00	0	0	0
JEAN COONEY 6 DODDS LANE ROCKPORT, MA 01966	DIRECTOR 1 00	0	0	0
EMILY HAGGMAN 39 SHORE ROAD MAGNOLIA, MA 01930	DIRECTOR 1 00	0	0	0
JUDITH HOGLANDER 52 SHORE ROAD PO BOX 5554 GLOUCESTER, MA 01930	DIRECTOR 1 00	0	0	0
ISRAEL HOROVITZ 146 WEST 11TH STREET NEW YORK, NY 10011	DIRECTOR 1 00	0	0	0
CHRISTOPHER MC CARTHY 90 DENNISON STREET GLOUCESTER, MA 01930	DIRECTOR 1 00	0	0	0
HARRY HOGLANDER 52 SHORE ROAD PO BOX 5554 GLOUCESTER, MA 01930	DIRECTOR 1 00	0	0	0
STEPHEN MC CARTHY 33 THATCHER ROAD GLOUCESTER, MA 01930	DIRECTOR 1 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
JOHN FINNEY BURKE 26 NORMAN AVENUE GLOUCESTER, MA 01930	DIRECTOR 1 00	0	0	0
BONNIE SHELKROT 92 HESPERUS AVENUE GLOUCESTER, MA 01930	DIRECTOR 1 00	0	0	0
PAULA MAE SCHWARTZ 30 FOLLY POINT ROAD GLOUCESTER, MA 01930	DIRECTOR 1 00	0	0	0
REGINA VILLA 2 CHURCH STREET MANCHESTER, MA 01944	DIRECTOR 1 00	0	0	0
ROGER FISKE 109 WILLIAMS STREET 6 JAMAICA PLAIN, MA 02130	DIRECTOR 1 00	0	0	0
CATHERINE A HENRY ESQ 14 PLEASANT STREET GLOUCESTER, MA 01930	DIRECTOR 1 00	0	0	0
TODD KATES 46 MADISON AVE NEWTONVILLE, MA 02460	DIRECTOR 1 00	0	0	0
ANTHONY MARAMARCO 10 WONSON ST GLOUCESTER, MA 01930	DIRECTOR 1 00	0	0	0
ROZ SMITH 80 PROSPECT ST GLOUCESTER, MA 01930	DIRECTOR 1 00	0	0	0