Form 990

RECEIVED AUG 1 7 2007

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)

2005

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For	the 2005 calend	lar year, o	r tax year beginn	ing	9/01	, 2005.	and e	nding	8/3:		, 2006 /	
В	Check	k if applicable:									D Employ	er Identification Numl	er
	$\prod A$	Address change	Please use IRS label	ROXY PRODU	CTIO	NS_INC.	•				62-	1251376	
	\vdash	lame change	or print or type.	CIURKSVIII	(四)	TRET					E Teleph	one number	
		nitial return	See specific	CIVERANTI		N J 37040-	-3438				931	6457699	
	\vdash	inal return	instruc- tions.								F Accou		X Accrual
	\vdash	mai return Amended return	dons.	•							ļ , , , , , , , , , , , , , , , , , , ,	ther (specify)	2277,100,000
	-		- Casti	 	nizatio	nc and 4947	(a)(1) nonexempt		H andl	are not annii		tion 527 organizations.	
	<u>'</u> '	Application pending	charit	able trusts must	attach	a completed	d Schedule A					affiliates? Y	(TT)
			(Form	990 or 990-EZ).		•		1		If Yes, enter	•	لسا	
G	Web	site: ► N/A						- 1		•		2 Y	es No
J	Ora	anization type		_		_			(0)			e instructions.)	
_	(che	ck only one)	>	X 501(c)	3 ◀	(insert no.)	4947(a)(1) or	527	n (4)	Is this a sep			
K	Che	ck here 🟲 🗌 i	f the organ	nization's gross r	eceipts	are normall	ly not more than	İ	11 (u)			a group ruling? Y	es X No
	\$25	,000. The organ	nization ne	eed not file a retu	rn with	the IRS; bu	it if the organization	n -				Number	25 [21] 110
	CON	oses to me a re iplete return.	ium, de s	ure to file a com	Diete Le	eturn. Some	States require a	-	M			organization is not req	uired
_	Gros	-c roccipte: Ad	d lines 6h	8b, 9b, and 10b	to line	12 > 470	280		171			orm 990, 990-EZ, or 99	
	1						ssets or Fund I	<u>l</u> Ralar	1000			,,	
<i>:::</i>	1							Jaiai	1062	(See iusu	uctions)		
				ants, and similar				1 4.	i	206	622		
	l							1a			, 622 .		
		· · ·					,			24	<u> </u>		
	1 6	d Total (add lines							1		<u>, 698.</u>	2.	1 200
	``	d Total (add lines la through lc) (d					44,505						<u>31,320.</u>
	2						contracts (from Part			-	_		38,884.
	3										_	3	7.6
	_	Interest on savings and temporary cash investments. Dividends and interest from securities.							4	76.			
	5							1	1	• • • • • • • •		5	
		6a Gross rents. 6a											
		b Less: rental expenses											
	1 _	c Net rental income or (loss) (subtract line 6b from line 6a)						<u> 6c </u>					
R	7	Other investr	nent incon	ne (describe	••• •		443.0	1	1	(D) (O))	7	
RE>E2U	88			es of assets othe			(A) Securities	-		(B) Othe	:r		
Ñ	Ι.		•					8a					
E	ı			is and sales expe				8b					
	l .			le)				8 c					
					•							8d	
							unt is from gaming	, cnec	k ner	e -			
	7						of contributions		i				
	١.							9a					
					-								
							from line 9a)	1	•		 	9c	
							•••••						
			-										
							ne 10b from line 10a)					10 c	
	11											11	
	12						and 11)						70,280.
Ê	13												<u>.8,872.</u>
MXPMZNMV	14	-	_	•		• • • •							74,569.
N.	15											15	3,347.
Ĕ	16						• • • • • • • • • • • • • • • • • • • •					16	700
3	17												6,788.
Ą	18						2)						3,492.
N S E E T	19						73, column (A))						6,634.
T	20						anation)					20	0 100
3	21	Net assets or	rund balaı	nces at end of ye	ar (cor	mbine lines	18, 19, and 20)	<u></u>				21 9	0,126.

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

-	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes					
	foreign grants, check here	22	-			
23		23				
24	Benefits paid to or for members (att sch)	24 25	0.	0	0.1	0.
25 26	Compensation of officers, directors, etc	26	72,631.	36,316.	36,315.	<u> </u>
27	Other salaries and wages Pension plan contributions	27	12,031.	30,310.	30,313.	
28	Other employee benefits	28				
29	Payroll taxes.	29	5,556.		5,556.	·····
		30	_ 3,330.		3,330.	
30	Professional fundraising fees					
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34	0.005		2 205	
35	Postage and shipping	35	2,095.		2,095.	
36	Occupancy	36	0 140		0.140	
37	Equipment rental and maintenance	37	9,148.		9,148.	
38	Printing and publications	38	1 075		1 075	
39	Travel	39	1,875.		1,875.	
40	Conferences, conventions, and meetings	40				
41	Interest	41	14,440.		14,440.	
42		42	6,250.		6,250.	
	Other expenses not covered above (itemize):					
ā	SEE STATEMENT 1	43a	284,793.	182,556.	98,890.	3,347.
ŀ)	43b				
•		43c				
•	¹	43d		_		····-
6		43e				
f		43f				
ç	J	43 g	İ			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D),					
	carry these totals to lines 13 - 15)	44	396,788.	218,872.	174,569.	3,347.
Join	t Costs. Check . Dif you are following s	SOP 9	8-2.			
Are a	any joint costs from a combined educational	camp	aign and fundraising soli	citation reported in (B) P	rogram services?	► Yes X No
	es,' enter (i) the aggregate amount of these	joint c	osts \$		mount allocated to Progra	
\$_		ocated	to Management and gen	eral \$; and (iv) the	amount allocated
to Fu	undraising \$.				_	
ВАА						Form 990 (2005)

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Form 990 (2005) ROXY PRODUCTIONS, INC. Part III Statement of Program Service Accomplishments

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.

please make sure the return is	s complete and accurate and full	ly describes, in Fart III, the organizations programs and acc	omplishments.
What is the organization's prin		ERATION OF A COMMUNITY THEATRE	Program Service Expenses
All organizations must describ clients served, publications iss izations and 4947(a)(1) nonexe	e their exempt purpose achiever sued, etc. Discuss achievements empt charitable trusts must also	ments in a clear and concise manner. State the number of that are not measurable. (Section 501(c)(3) and (4) organenter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a OPERATION OF A	COMMUNITY THEATRE		
(Grants and allocations) If this amount includes foreign grants, check here	218,872.
b			·
			
(Grants and allocations	\$) If this amount includes foreign grants, check here	
c			
	-		
(Grants and allocations) If this amount includes foreign grants, check here	
d			
~			
(Grants and allocations) If this amount includes foreign grants, check here	
e Other program services.			
(Grants and allocations	\$) If this amount includes foreign grants, check here	
f Total of Program Service	Expenses (should equal line 4	4, column (B), Program services)	218,872.

BAA

Form 990 (2005)

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Part IV Balance Sheets (See Instructions)

Not	е: И <i>с</i> с	There required, attached schedules and amounts within folumn should be for end-of-year amounts only.	the des	cription	(A) Beginning of year		(B) End of year
		Cash – non-interest-bearing			8,081.	45	30,723.
		Savings and temporary cash investments		3,001.	46	507,120.	
	47	a Accounts receivable	47 a	16,333.			
		b Less: allowance for doubtful accounts	47 b	·	15,833.	47 c	16,333.
	48	a Pledges receivable	48a	89,827.			
ı		b Less: allowance for doubtful accounts	48b			48c	89,827.
	49	Grants receivable			_	49	
A S	50	Receivables from officers, directors, trustees, and keepployees (attach schedule)	ey			50	
A S E T S	51	a Other notes & loans receivable (attach sch)	51a	Ī			
S		b Less: allowance for doubtful accounts	-			51 c	
	52	Inventories for sale or use				52	
		Prepaid expenses and deferred charges		1 —		53	
		Investments – securities (attach schedule)				54	
	55	a Investments - land, buildings, & equipment: basis.	55 a				
		b Less: accumulated depreciation					
ļ		(attach schedule)	55 b			55 c	
	56	Investments – other (attach schedule)				56	· -
l	57	a Land, buildings, and equipment: basis	57 a	284,247.			
İ		b Less: accumulated depreciation					
		b Less: accumulated depreciation (attach schedule)STATEMENT2	57 b	108,816.	139,819.	57 c	175,431.
		Other assets (describe -).		58	
		Total assets (must equal line 74). Add lines 45 throu	-		163,733.	59	312,314.
ļ	60	have below the property of the	<u></u>		60	28,338.	
ļ	61					61	
A B	62			-		62	
Į.		Loans from officers, directors, trustees, and key employees (attach		<u> </u>		63	
+		a Tax-exempt bond liabilities (attach schedule)				64 a	
LIABILITIES		b Mortgages and other notes payable (attach schedule) SE		<u>-</u>	147,099.	64b	193,850.
١,		Other liabilities (describe .	-).	147 000	65	
		Total liabilities. Add lines 60 through 65.	147,099.	66	222,188.		
N E T	Orga	nizations that follow SFAS 117, check here X ar	па сотр	lete lines 6/			
- 1	67	through 69 and lines 73 and 74.			1.6 634		00 100
AUWILLAN OR	68				16,634.	67	90,126.
Ě	69					68	
\$		Permanently restrictednizations that do not follow SFAS 117, check here	_			69	
	o, yaı	70 through 74.		d complete lines			
DZC	70					70	
	71	Paid-in or capital surplus, or land, building, and equi				-	
B	72					71 72	
¥						14	
BALANCES	73	72; column (A) must equal line 19; column (B) must	equal lir	ne 21)	16,634.	73	90,126.
	74	Total liabilities and net assets/fund balances, Add lin	nes 66 ai	nd 73	163,733.	74	312,314.
BAA							Form 990 (2005)

For	rm 990 (2005) ROXY PRODUCTIONS, INC.	621251376	Page 5
	Reconciliation of Revenue per Audited Financial Statements with Revenue instructions.)	per Return (See	
_			
а	Total revenue, gains, and other support per audited financial statements	a	470,280.
ь	Amounts included on line a but not on Part I, line 12:		· ·
	1 Net unrealized gains on investments b1		
	2Donated services and use of facilities		
	3Recoveries of prior year grantsb3		
	4Other (specify):		
	ь4		
	Add lines b1 through b4	b	
С	Subtract line b from line a		470,280.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b		
	2Other (specify):		
	d2		
	Add lines d1 and d2.	d	
e			470,280.
	Total revenue (Part I, line 12). Add lines c and d. Reconciliation of Expenses per Audited Financial Statements with Expense	es per Return	
а	Total expenses and losses per audited financial statements	a	396,788.
Ь	Amounts included on line a but not on Part I. line 17:		<u> </u>
-	1Donated services and use of facilities		
	2Prior year adjustments reported on Part I, line 20 b2		
	3Losses reported on Part I, line 20. b3		
	· · · · · · · · · · · · · · · · · · ·		
	4Other (specify):		
	Add lines b1 through b4	b	
С	Subtract line b from line a	<u> </u>	396,788.
d	Amounts included on Part I, line 17, but not on line a:		000,700.
u	1 Investment expenses not included on Part I, line 6b		
			
	10		
	Add lines d1 and d2	d	
_	Total expenses (Part I, line 17). Add lines c and d		396,788.
2.5%	Current Officers, Directors, Trustees, and Key Employees (List each person who or key employee at any time during the year even if they were not compensated.) (See the instru	no was an officer, directuctions.)	ctor, trustee,
	(R) Title and average hours (C) Compensation (D) Control		ypense

(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 plans	(E) Expense account and other allowances
DENISE TUCKER	PRESIDENT	0.	0.	0.
311CAINRIDGE ROAD	2			
CLARKSVILLE, TN 37040				
WALTER MARCZAK	VICE PRESIDENT	0.	0.	0.
209 CASTLE HEIGHTS	2			
CLARKSVILLE, TN 37040				
DAVID BOEN	SECRETARY	0.	0.	0.
108 WEST CREEK ROAD] 2			
CLARKSVILLE, TN 37040				
BARRY KITTERMAN	TREASURER	0.	0.	0.
549 BEECHWOOD				
CLARKSVILLE, TN 37043				
				

A, Part II-A or II-B, related to each other throu identifies the individuals and explains the rela		relationships? If 'Yes,' a	ttach a statement that	75b		X
c Do any officers, directors, trustees, or key emlisted in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation fror to this organization through common supervis	iployees listed in form 9 nsated professional and n any other organizatio	d other independent con ns, whether tax exempt	tractors listed in Schedul or taxable, that are relate	s e ed		X
Note. Related organizations include section 50				,50		
If 'Yes,' attach a statement that identifies the other organization(s), and describes the comprelated organization	individuals, explains the ensation arrangements	e relationship between the including amounts paid	d to each individual by ea	1	v	
d Does the organization have a written conflict of					1 .	
Former Officers, Directors, True Benefits (If any former officer, directoring the year, list that person below the instructions.)	tor, trustee, or key emp	lovee received compens	sation or other benefits (c	lescribed b	elow)	
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and ot vances	ther
	4					
	1					
			<u> </u>			
	<u> </u>					
	†					
	4					
	1					
	1		1			
Other Information (See the instruc	ctions.)				Yes	No
76 Did the organization engage in any activity no attach a detailed description of each activity	t previously reported to	the IRS? If 'Yes,'		76		Х
77 Were any changes made in the organizing or	•	ut not reported to the IR	S?	77		Χ
If 'Yes,' attach a conformed copy of the chang						
78a Did the organization have unrelated business	=	•	-		_	X
b If 'Yes,' has it filed a tax return on Form 990-T	•			7 <u>8b</u>	N	A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	on, or substantial contra	action during the	• • • • • • • • • • • • • • • • • • • •	79		Χ
80 a Is the organization related (other than by assomembership, governing bodies, trustees, offic	ers, etc, to any other e	xempt or nonexempt org	tion) through common panization?	80 a		Χ
b If 'Yes,' enter the name of the organization ►						
81 a Enter direct and indirect political expenditures	and ci . (See line 81 instructio	neck whether it ise	xempt ornonexem 81 a	1pt. 0.		
b Did the organization file Form 1120-POL for th		· ·		81 ь		Х
BAA					1 990 ((2005

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Form 990 (2005) ROXY PRODUCTIONS, INC.	621251376		Ρ	age 7
Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities a substantially less than fair rental value?	at no charge or at	82 a		Х
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.)	82b N/A			
83a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contribut		83ь	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible?		84b	N,	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.		85 a	<u>N</u> ,	
b 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, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	,			
c Dues, assessments, and similar amounts from members	85c N/A			
	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices				
f Taxable amount of lobbying and political expenditures (line 85d less 85e)				
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	i	85 g	N,	<u>A</u>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasona dues allocable to nondeductible lobbying and political expenditures for the following tax year?	ble estimate of	85 h	N,	/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				
line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable co or an entity disregarded as separate from the organization under Regulations sections 301.770 If 'Yes,' complete Part IX	rporation or partnership, 11-2 and 301.7701-3?	88		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year unc				
section 4911 ► 0. ; section 4912 ► 0. ; section 49				
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If '\ explaining each transaction	es,' attach a statement	89 b		Х
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	· ·			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization				0.
90 a List the states with which a copy of this return is filed NONE				
b Number of employees employed in the pay period that includes March 12, 2005 (See instruction	ns.)	90 b		<u> </u>
91a The books are in care of ► ROXY PRODUCTIONS, INC. Telephone num	nber ► 931-645-769	9		
Located at ► 100 FRANKLIN ST, CLARKSVILLE, TN, CLARKSVILLE TN	ZIP + 4 ► 37040	-34	38_	
b At any time during the calendar year, did the organization have an interest in or a signature or	other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial	ancial account)?	91 b		X
If 'Yes,' enter the name of the foreign country ►				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of For Financial Statements	oreign Bank and			
c At any time during the calendar year, did the organization maintain an office outside of the Uni	ted States?	91 c		X
If 'Yes,' enter the name of the foreign country	·			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check hi	ere	. N/A	A	► □
and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92			N/A
BAA		Form	990 ((2005)

Form 990 (2005) ROXY PRODUCTIONS, INC.

Part VI	Analysis of Income-Producing	Activities (See the instructions.)			
		Unrelated	d business income	Excluded by se	ection 512, 513, or 514	(E)
otherwise	<u>L</u> :	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	ogram service revenue: DMISSIONS		· · · · · · · · · · · · · · · · · · ·			238,884.
b						
c				ļ <u>.</u>		
d						
e						
	edicare/Medicaid payments					
_	s & contracts from government agencies	_				
	embership dues and assessments					
95 Inte	erest on savings & temporary cash invmnts					76.
	vidends & interest from securities				***************************************	
	rental income or (loss) from real estate:					
	bt-financed property					
	t debt-financed property					
	rental income or (loss) from pers prop			ļ		
	her investment income			<u> </u>		
100 Ga	nin or (loss) from sales of assets ner than inventory				 	
	income or (loss) from special events	-				
	ss profit or (loss) from sales of inventory					
103 Ott	ner revenue: a					
b						
c						
d						
e						0.00
104 Sub	ototal (add columns (B), (D), and (E))					238,960.
105 10	tal (add line 104, columns (B), (D), an	d (上))			-	238,960.
	105 plus line 1d, Part I, should equal					
•	Relationship of Activities to	the Acco	mplishment of Ex	cempt Purpo	ses (See the instruction	ns.)
Line No.	Explain how each activity for which of the organization's exempt purpos	income is re es (other tha	ported in column (E) o an by providing funds f	f Part VII contrib or such purpose:	uted importantly to the s).	accomplishment
93A	ADMISSION REVENUES ALL			ROVIDE QUA	LITY PLAYS AND	OTHER
	ENTERTAINMENT TO THE CO					
95	INTEREST EARNED IS MIN	IMAL, IT	HELPS TO KEEP	ADMISSION	PRICES DOWN	
Part IX	Information Regarding Taxa		diaries and Disre	garded Entit	es (See the instruction	
	(A)	(B)	(0	>)	(D)	(E)
	, address, and EIN of corporation,	Percentage		activities	Total	End-of-year
	rtnership, or disregarded entity	ownership in	terest		income	assets
N/A			용!			
			8			
	···-	<u> </u>	8			
	I La Carron State Daniel Danie	-6	용)		01	<u> </u>
	Information Regarding Tran					
	e organization, during the year, receive any fund	-				Yes X No
	he organization, during the year, pay		-	a personal bene	efit contract?	Yes X No
Note: /	f 'Yes' to (b), file Form 8870 and Form					
	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of prep	e examined this	or (er) is basely on all vitor	ng schedules and sta matico of which prepared	tements, and to the best of materials any knowledge.	/ knowledge and belief, it is
Please	► (C(O)		for box		1.67	0/
Sign	Signature of officer	u u			Date	
Here	► BARRY KITTERMAN, TRE	ASURER			v	
	Type or print name and title.	VOOLATIV				
	<u> </u>		-	Date	Check if P	reparer's SSN or PTIN (See eneral Instruction W)
Paid Bra	Preparer's signature			1/15/07	Seii-	P00184260
Pre-	CHONE DUDOLD	н с пемі	DV PIC	1 1/13/07	employed F	<u> </u>
parer's Use	yours if self-					311623
Only						
BAA	ZIP + 4 CLARKSVILLE,	TN 37040	7-0400	-	Phone no. ► (93	
					TEEADION 10/194	

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number			
ROXY PRODUCTIONS, INC.		621251376		
Compensation of the Five Hig (See instructions, List each one, If the		er Than Officer	s, Directors, ar	id Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			
Compensation of the Five Hig (See instructions. List each one (whether	thest Paid Independent Control there individuals or firms). If there	ontractors for Pare none, enter 'Nor	rofessional Se	rvices
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	(c) Compensation	
NONE				
				
Total number of others receiving over \$50,000 for professional services	0			
Part II — B Compensation of the Five Hig (List each contractor who performed s enter 'None.' See instructions.)	•			there are none,
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type (of service	(c) Compensation
NONE				
Total number of other contractors receiving	0			

Schedule A (Form 990 or 990-EZ) 2005 ROXY PRODUCTIONS, INC. 6212513	76	F	age :
Part III Statements About Activities (See instructions.)	-	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► \$ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		х
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	<u>2</u> a		Х
b Lending of money or other extension of credit?	<u>2</u> b		X
c Furnishing of goods, services, or facilities?	<u>2c</u>	<u> </u>	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e Transfer of any part of its income or assets?	<u>2</u> e		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an	,		v
explanation of how you determine that recipients qualify to receive payments.) b Do you have a section 403(b) annuity plan for your employees?			X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?			X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?			Х
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?			X
Part IV Reason for Non-Private Foundation Status (See instructions.)			
The organization is not a private foundation because it is: (Please check only ONE applicable box.)			
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 and state ► .			
and state	n 170(b)	(1)(A)	(iv).
11 a X An organization that normally receives a substantial part of its support from a governmental unit or from the genera Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	l public.		
11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, a from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquir organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	of its su	pport	pts
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports or described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a) box that describes the type of supporting organization: Type 1 Type 2 Type 3	ganizatio (2). Che	ons ck the	
Provide the following information about the supported organizations. (See instructions.)	,		
(a) Name(s) of supported organization(s)	(b) Li	ne nur n abo	nber ve
	-		
An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)			

Fat: 19-4. 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. (e) Total Calendar year (or fiscal year beginning in)..... Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 136,977. 113,159. 81,374. 119,578 451,088. 0. 16 Membership fees received . . . 17 Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 201,197. 122,037. 85,259. 60,459. 468,952. charitable, etc, purpose . . 18 Gross income from interest, dividends. amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-0. ization after June 30, 1975 . . . 19 Net income from unrelated business activities not included in line 18... 0. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf..... 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge ... Other income. Attach a schedule. Do not include gain or (loss) from sale of 0. capital assets. 166,633. 180,037. 920. 040. 338,174. 235,196. Total of lines 15 through 22.... 136,977. 113,159. 81,374. 119,578. 451.088 Line 23 minus line 17...... Enter 1% of line 23..... 3,382. 2,352. 1,666. 1,800. a Enter 2% of amount in column (e), line 24..... 26 a 9.022. Organizations described on lines 10 or 11: 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 26b c Total support for section 509(a)(1) test: Enter line 24, column (e)...... 451,088 26 c ___ 19 d Add: Amounts from column (e) for lines: 18 22 26 b 26 d 26 e 451,088. e Public support (line 26c minus line 26d total). 26 f 100.00 % 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: (2004)_ _ _ _ _ (2003) _ _ _ _ _ (2002) _ _ _ _ _ (2002) 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 11b, 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) _ _ _ _ c Add: Amounts from column (e) for lines: 15 20 d Add: Line 27a total..... 27 d and line 27b total f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f 윰 g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... 27 g 욹 h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

²⁸ Unusual Grants: 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.

Page 4

	(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:	22		
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.	32 a		-
ď	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
(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.)			
33	Does the organization discriminate by race in any way with respect to:			
ā	a Students' rights or privileges?	33a		
ŀ	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		-
c	Scholarships or other financial assistance?	33d		-
€	Educational policies?	33 e		-
f	Use of facilities?	33 f		-
ç	Athletic programs?	33 g		<u> </u>
ł	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you reed more space, attach a separate statement.)	-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
b	Has the organization's right to such aid ever been revoked or suspended?	34 b		
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		

	edule A (Form 990 or 99		RODUCTIONS, INC			LZ513	76 Pag	∌ 5	
Par	Lobbying E (To be comple	Expenditures by Elected ONLY by an eligible o	cting Public Chari organization that filed Fo	ties (See instructions orm 5768)	.)		N/A		
Che	ck ► a lif the organ	nization belongs to an affili	ated group. Check	► b If you check	ed 'a' and 'limite	d contr	ol' provisions apply.		
		Limits on Lobbying	•		(a) Affiliated gro totals	up	(b) To be completed for ALL electing		
	(The ter	m 'expenditures' means a	mounts paid or incurred	d.)			organizations		
36		tures to influence public o		· ·					
37		tures to influence a legisla						_	
38		tures (add lines 36 and 37			-				
39		expenditures					<u> </u>		
40		expenditures (add lines 38	•	***************************************				***	
41	If the amount on line 4	mount. Enter the amount	from the following table obbying nontaxable an	E0000000					
				F000000000					
		1,000,000 \$100,0							
		\$1,500,000 \$175,0		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			98933	
		\$17,000,000 \$225,0	•	***************************************					
			•	1 800000000					
42	Grassroots nontaxable	amount (enter 25% of line	e 41)						
43	Subtract line 42 from I	ine 36. Enter -0- if line 42	is more than line 36	43					
44		ine 38. Enter -0- if line 41			***************************************				
	Caution: If there is an	amount on either line 43 o	or line 44, you must file	Form 4720.					
	(Some orga	anizations that made a sec	Neraging Period Ustion 501(h) election do ethe instructions for lin	not have to complete	(h) all of the five co	lumns	below.		
			Lobbying Expend	litures During 4 -Year	Averaging Perio				
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004				(e) Total		
45	Lobbying nontaxable amount			•	-			•	
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48 ——	Grassroots non- taxable amount								
49 ——	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures								
	(For reporting	Activity by Nonelecti only by organizations that	did not complete Part	VI-A) (See instructions	<u> </u>		N/A		
Durir atten	ng the year, did the organic operation of the public of th	anization attempt to influer pinion on a legislative ma	nce national, state or lotter or referendum, thro	cal legislation, includir ough the use of:	ng any Yes	No	Amount		
	•	ent (Include compensation	·	• .		1		***	
						 			
		egislators, or the public				 			
		ned or broadcast statemen				+			
		tations for lobbying purpos				+			
		slators, their staffs, goverr s, seminars, conventions,	· · · · · · · · · · · · · · · · · · ·	•		+-			
		tures (add lines c through				_			
					D-20/20/200	ANNOUNT AND THE		_	

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

Schedule A	(Form 990 or 990-EZ) 20	005 KOX	Y PRODUCTIONS, INC	6212513	5/0	P	age t
Pari VII	Information Regard Exempt Organizati	ding Tran: ons (See ir	sfers To and Transactions a nstructions)	nd Relationships With Noncha	ritable 	_	
51 Did the of the	e reporting organization of Code (other than section	directly or in 1501(c)(3) o	directly engage in any of the following anizations) or in section 527, relat	ng with any other organization describeding to political organizations?	I in section	501(;)
a Transf	ers from the reporting or	rganization to	o a noncharitable exempt organization	on of:		Yes	No
(i)Ca	esh				51 a (i)		X
(ii)Ot	her assets				a (ii)		X
b Other	transactions:						
(i)Sa	ales or exchanges of ass	ets with a no	oncharitable exempt organization		b (i)		X
(ii)Pu	urchases of assets from a	a noncharita	ble exempt organization		b (ii)		X
(iii)Re	ental of facilities, equipm	ent, or other	assets	. ,	b (iii)		X
(iv)Re	eimbursement arrangeme	ents			b (iv)		X
(v)Lo	ans or loan guarantees.				b (v)		X
(vi)Pe	erformance of services or	r membershi	p or fundraising solicitations		b (vi)		X
c Sharin	ig of facilities, equipment	t, mailing list	ts, other assets, or paid employees.		С		X
d If the a the go any tra	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	ove is 'Yes,' orvices given angement, sh	complete the following schedule. Co by the reporting organization. If the low in column (d) the value of the g	lumn (b) should always show the fair m organization received less than fair mar oods, other assets, or services received	arket value ket value i :	of n —	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			is
N/A							
	-						
			-				
	_						
descrit	organization directly or in bed in section 501(c) of t ,' complete the following	the Code (ot	liated with, or related to, one or mor her than section 501(c)(3)) or in sec	e tax-exempt organizations tion 527?	► ☐ Ye	s [X]	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	nship		
N/A							
						_	
							_

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/	u	u	-

FEDERAL STATEMENTS

PAGE 1

ROXY PRODUCTIONS, INC.

621251376 11:59AM

1/15/07

FORM 990, PART II, LINE 43 OTHER EXPENSES
OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ACTORS HOUSING ADVERTISING BANK FEES DUES	7,049. 46,780. 2,638. 396.	7,049. 396.	46,780. 2,638.	
FUNDRAISING INSURANCE JANITORIAL OFFICE OTHER	3,347. 10,107. 2,475. 6,531. 1,529.	330.	10,107. 2,475. 6,531. 1,529.	3,347.
PRODUCTION PROFESSIONAL SERVICES	144,484. 9,115.	144,484.	9,115.	
ROYALTIES UTILITIES	30,627. 19,715. TOTAL <u>\$ 284,793.</u>	30,627. \$ 182,556.	19,715. \$ 98,890.	\$ 3,347.

STATEMENT 2 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	ACCUM. DEPREC.	BOOK VALUE			
MACHINERY AND EQUIPMENT BUILDINGS IMPROVEMENTS LAND	\$	62,312. 137,876. 53,794. 30,265.	\$ 58,093. 41,178. 9,545.	\$	4,219. 96,698. 44,249. 30,265.		
TOI	TAL <u>\$</u>	284,247.	\$ 108,816.	\$	175,431.		

STATEMENT 3 FORM 990, PART IV, LINE 64B MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME: DATE OF NOTE: MATURITY DATE: REPAYMENT TERMS:

BALANCE DUE:

INTEREST RATE:
SECURITY PROVIDED:
PURPOSE OF LOAN:
DESC. OF CONSIDERATION: FMV OF CONSIDERATION: ORIGINAL AMOUNT:

F & M BANK 6/16/2005 6/20/2020

180 PYMNTS DUE MONTHLY 8.00%

LAND & BUILDING DEBT CONSOLIDATION DEBT CONSULIDAL LAND & BUILDING 523,800. 150,000.

143,850.

2005

FEDERAL STATEMENTS

PAGE 2

ROXY PRODUCTIONS, INC.

621251376

1/15/07

11:59AM

STATEMENT 3 (CONTINUED) FORM 990, PART IV, LINE 64B MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME: DATE OF NOTE: MATURITY DATE: REPAYMENT TERMS:

REPAYMENT TERMS: INTEREST RATE: SECURITY PROVIDED: PURPOSE OF LOAN:

DESC. OF CONSIDERATION: ORIGINAL AMOUNT:

BALANCE DUE:

F & M BANK 6/30/2006 6/30/2007

11 INT PYMT ONE LUMP SUM PYMT

8.25% NONE

PURCHASE THEATER SEATS

NONE 50,000.

\$ 50,000.

TOTAL \$ 193,850.

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PAGE 1

ROXY	PROD	UCTIONS.	INC.
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				KUNI	PRODU	CHONS,	INC.							021231
107			_											11:59
NODESCRIPTION	DATE ACQUIRFD	DATE COST/ SOLD BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR. _ALLOW_	Prior 179/ Bonus/ Sp_depr	PRIOR DEC, BA 	AL /B	LVAG ASIS DUCT	DEPR. BASIS	PRIOR _DEPR.	METHOD	LIFERATE	CURREN DEPR
DRM 990/990-PF														
BUILDINGS														
2 BUILDING - 110 FRANKLIN	4/24/92	32,	31							32,431	10,810	S/L	40	
3 BUILDING IMPROVEMENTS	1/01/96	103,	84							103,484	25,009	S/L	40	,
4 BUILDING IMPROVEMENTS	9/01/95	1,	061							1,961	1,961	\$/L	10	
TOTAL BUILDINGS		137,	376	0	()	0	0	0	137,876	37,780			
IMPROVEMENTS														
9 IMPROVEMENTS	9/01/98	11,	132							11,932	8,352	S/L	10	
20 IMPROVEMENTS	8/31/06	41,	362							41,862		S/L	10	
TOTAL IMPROVEMENTS		53,	94	0	ı)	0	0	0	53,794	8,352			
LAND														
1 LAND	4/24/92	30,	265							30,265				
TOTAL LAND		30,	265	0)	0	0	0	30, 265	0			
MACHINERY AND EQUIPMENT														
5 AIR CONDITIONER	8/31/92	2,	350							2,850	2,135	S/L	10	
6 AIR CONDITIONER	8/31/94	28,	500							28,500	28,500	S/L	10	
7 BUILDING IMPROVEMENT	2/01/92	3,	225							3,225	3,173	S/L	10	
8 EQUIPMENT	2/01/88	5,	958							5,958	5,958	S/L	10	
9 SCAFFOLD	2/01/89	3,	301							3,301	3,301	S/L	10	
10 FOLLOW SPOT	2/01/91		660							660	660	S/L	10	

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PAGE 2

ROXY PRODUCTIONS, INC.

1/15/07	1							·								11:59AM
_NO	DESCRIPTION	DATE _ <u>ACQUIRFD</u>	DATE SOLD	COST/ BASIS	BUS. PCI	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DFPR	SALVAG /BASIS REDUCT	DEPR. Basis .	PRIOR DEPR	_MFTHOD_	LIFE.	_RATF_	CURRENT DEPR
11	IMPROVEMENTS	2/01/93		2,619	}						2,619	2,619	S/L	10		0
12	EQUIPMENT	2/01/93		956	6						956	956	S/L	10		0
13	EQUIPMENT	2/01/93		3,001							3,001	3,001	S/L	10		0
14	WIRELESS MICROPHONE	2/01/93		600)						600	600	S/L	10		0
15	EQUIPMENT	2/01/00		2,590)						2,590	1,446	S/L	10		259
16	HEWLETT PACKARD COMPUTER	2/01/03		2,000)						2,000	1,033	S/L	5		400
17	ELLIPSODIALS	9/01/03		5,000)						5,000	2,000	S/L	5		1,000
18	EQUIPMENT	9/01/00		1,052	?						1,052	1,052	S/L	5		0
	TOTAL MACHINERY AND EQUIPME			62,312	2	0	0		0 (0	62,312	56,434				1,659
	TOTAL DEPRECIATION		•	284,247	- ! :	0	0		0 (0	284,247	102,566				6,250
	GRAND TOTAL DEPRECIATION		,	284,247	,	0	0		00	0	284,247	102,566				6,250

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PAGE 1

ROXY P	RODUC'	TIONS.	INC.
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					ROXY	PRODU	CTIONS,	INC.							6212513
/07			-				polon			-					11:59
NODESCRIPTION	DATE .ACQUIRED .	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	Prior Dec. Bal Depr	SAL¹ /BA REDI	VAG SIS UCI	DEPR. BASIS	PRIOR DEPR	_METHOD_	LIEE _RATE	CURRENT DEPR
ORM 990/990-PF															
BUILDINGS															
2 BUILDING - 110 FRANKLIN	4/24/92		32,431								32,431	11,621	S/L	40	
3 BUILDING IMPROVEMENTS	1/01/96		103,484								103,484	27,596	S/L	40	2,
4 BUILDING IMPROVEMENTS	9/01/95		1,961								1,961	1,961	S/L	10	
TOTAL BUILDINGS			137,876		0	(0	0	0	137,876	41,178			3
IMPROVEMENTS															
9 IMPROVEMENTS	9/01/98		11,932								11,932	9,545	S/L	10	1
20 IMPROVEMENTS	8/31/06		41,862								41,862		S/L	10	
TOTAL IMPROVEMENTS			53,794		0	(0	0	0	53,794	9,545			•
LAND															
I LAND	4/24/92		30,265					_			30,265				
TOTAL LAND			30,265	i	0	(0	0	0	30,265	0			
MACHINERY AND EQUIPMENT															
5 AIR CONDITIONER	8/31/92		2,850	ı							2,850	2,135	S/L	10	
6 AIR CONDITIONER	8/31/94		28,500	ı							28,500	28,500	S/L	10	
7 BUILDING IMPROVEMENT	2/01/92		3,225								3,225	3,173	S/L	10	
8 EQUIPMENT	2/01/88		5,958	;							5,958	5,958	S/L	10	
9 SCAFFOLD	2/01/89		3,301								3,301	3,301	S/L	10	
10 FOLLOW SPOT	2/01/91		660	ı							660	660	S/L	10	

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-CJ		•	v	•

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ROXY PRODUCTIONS, INC.

1/15/07	7		_				_						<u>.</u>			11:59AM
NO	DESCRIPTION	DATE ACQUIRED_	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR.	SALVAG /BASIS _REDUCT	DEPR. BASIS	PRIOR DEPR	_METHOD_	LIFE	_RATE_	Current Depr
11	IMPROVEMENTS	2/01/93		2,619)						2,619	2,619	S/L	10		0
12	EQUIPMENT	2/01/93		956	,						956	956	S/L	10		0
13	EQUIPMENT	2/01/93		3,001							3,001	3,001	S/L	10		0
14	WIRELESS MICROPHONE	2/01/93		600	l						600	600	S/L	10		0
15	EQUIPMENT	2/01/00		2,590)						2,590	1,705	S/L	10		259
16	HEWLETT PACKARD COMPUTER	2/01/03		2,000)						2,000	1,433	S/L	5		400
17	ELLIPSODIALS	9/01/03		5,000)						5,000	3,000	S/L	5		1,000
18	EQUIPMENT	9/01/00		1,052	:				_		1,052	1,052	S/L	5		0
}	TOTAL MACHINERY AND EQUIPME		•	62,312	· !	0	0		0 0	0	62,312	58,093				1,659
	TOTAL DEPRECIATION		=	284,247	•	0	0		0 0	0	284,247	108,816				10,436
	GRAND TOTAL DEPRECIATION			284,247		0	0		0 0	0	284,247	108,816				10,436