# RECEIVED APR 01 7908

Form **990** 

### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2006

19

Open to Public Department of the Treasury Internal Revenue Service Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements. 8/31 2007 9/01 2006, and ending For the 2006 calendar year, or tax year beginning D Employer Identification Number Check if applicable: Please use ROXY PRODUCTIONS, INC. 62-1251376 IRS label or print or type. See Address change 100 FRANKLIN STREET E Telephone number Name change CLARKSVILLE, TN 37040-3438 9316457699 specific instruc-Initial return Accounting method: Cash X Accrual Final return Other (specify) Amended return H and I are not applicable to section 527 organizations. Section 501(cX(3) organizations and 4947(aX(1) nonexempt charitable trusts must attach a complete the dule A Application pending H (a) Is this a group return for affiliates? . . . | Yes (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates . G Web site: ► N/A H (c) Are all affiliates included? . . . . . . . . (If 'No,' attach a list. See instructions.) Organization type X 501(c) 3 ◀ (insert no.) H (d) is this a separate return filed by an 4947(a)(1) or (check only one).... organization covered by a group ruling? Check here ► | if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the Group Exemption Number... organization chooses to file a return, be sure to file a complete return. Check ► X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 475, 636. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds..... 202,575 b Direct public support (not included on line 1a)..... 1ь c Indirect public support (not included on line 1a)..... 1 c d Government contributions (grants) (not included on line 1a)..... 1 d e Total (add lines \$ \_ la through 1d) (cash \$ \_ 241,242. 155,498. noncash \$ \_\_\_\_\_ 85,744. 2 Program service revenue including government fees and contracts (from Part VII, line 93)..... 2 234,112. 3 3 Membership dues and assessments..... 4 282. 4 Interest on savings and temporary cash investments..... 5 Dividends and interest from securities..... 5 b Less: rental expenses ..... 6ь 6c 7 7 Other investment income (describe...... (A) Securities (B) Other 8a Gross amount from sales of assets other 8a than inventory..... 8b **b** Less: cost or other basis and sales expenses . . . . . . 8с c Gain or (loss) (attach schedule)..... d Net gain or (loss). Combine line 8c, columns (A) and (B) ..... 9 Special events and activities (attach schedule). If any amount is from gaming, check here.... a Gross revenue (not including \$ reported on line 1b)..... 9b b Less; direct expenses other than fundraising expenses..... c Net income or (loss) from special events. Subtract line 9b from line 9a..... 90 c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a...... 10 c 11 475,636. 12 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11...... 298,312. 13 Management and general (from line 44, column (C))..... 231,925. 14 Fundraising (from line 44, column (D)).... 15 7,186. 15 16 537,423. 17 Total expenses. Add lines 16 and 44, column (A)..... 17 -61,787. Excess or (deficit) for the year. Subtract line 17 from line 12.....

Other changes in net assets or fund balances (attach explanation).....

Net assets or fund balances at end of year. Combine lines 18, 19, and 20.....

19

20

90,126.

28,339.

Page 2

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

D	o not include amounts reported on line 6b. 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised				ž	
	funds (attach sch)	ĺ				
	(cash \$)					
	non-cash \$)  If this amount includes					
	foreign grants, check here	22 a				
22 b	Other grants and allocations (att sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here	22 b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers,		_			
	directors, key employees, etc listed in Part V-A (attach sch)	25 a	0.	0.	0.	0.
t.	Compensation of former officers,	2.0 a	<u>.</u>	J.	<u> </u>	<u> </u>
D	directors, key employees, etc listed in		•		_	
_	Part V-B (attach sch)	25 b	0.	0.	0.	0.
С	Compensation and other distributions, not included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
	(attach schedule)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26	79,579.	39,790.	39,789.	
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on					
20	lines 25a - 27		6,088.		6,088.	
29 30	Professional fundraising fees	_	0,000.		0,000.	
31	Accounting fees					
32	Legal fees.					
33	Supplies				-	
34	Telephone					
35	Postage and shipping		3,121.		3,121.	
36	o o o o p a	36				
37	Equipment rental and maintenance	$\vdash$	6,416.		6,416.	
38	Printing and publications		2 040		2.040	
39	Travel		3,040.		3,040.	
40	Conferences, conventions, and meetings		12,729.		12,729.	
41 42	Depreciation, depletion, etc (attach schedule)	_	11,446.		11,446.	
43	Other expenses not covered above (itemize):	76	11,310.	-	12,330.	
a	SEE STATEMENT 1	43a	415,004.	258,522.	149,296.	7,186.
ŀ	·	43b				
(	;	43c				
•	'	43 d		<u> </u>		
•	`	43e				
f		43f				
ć	J	43 <b>g</b>				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)		<b></b>		204 22-	
		44	537,423.	298,312.	231,925.	7,186.
	t Costs. Check . Lif you are following			Bathakan naan and to 🙉	D	► Vor Vi
	any joint costs from a combined education es,' enter (i) the aggregate amount of these			ilicitation reported in (B)	Program services?	► Yes X No
\$			to Management and ge			nam services ne amount allocated
· -	undraising \$			·	, , , , , , , , , , , , , , , , ,	

# 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 organization. How the public perceives an organization in such cases may be determined by the information presented on please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accurate	its return. Therefore.
What is the organization's primary exempt purpose? POPERATION OF A COMMUNITY THEATRE	Program Service Expense (Required for 501(c)(3) an

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of lients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  a OPERATION OF A COMMUNITY THEATRE  [Carents and allocations \$ ) If this amount includes foreign grants, check here   298, 312.  (Grants and allocations \$ ) If this amount includes foreign grants, check here   4  (Grants and allocations \$ ) If this amount includes foreign grants, check here   6  (Grants and allocations \$ ) If this amount includes foreign grants, check here   6  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes foreign grants, check here   7  (Grants and allocations \$ ) If this amount includes f	hat is the organization's prim		PERATION OF A COMMUNITY		Program Service Expenses
a OPERATION OF A COMMUNITY THEATRE  Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here	III organizations must describe lients served, publications issertions and 4947(a)(1) nonexe	e their exempt purpose achieve ued, etc. Discuss achievement empt charitable trusts must also	ements in a clear and concise manner. s that are not measurable. (Section 50) b enter the amount of grants and alloca	State the number of (c)(3) and (4) organ-	(Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
Grants and allocations \$   ) If this amount includes foreign grants, check here					
Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐  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 ▶ ☐					
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	. •				
	<del></del>	\$	<u> </u>		298,312.

BAA Form 990 (2006)

	: И С	/here required, attached schedules and amounts within the description olumn should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
$\exists$		Cash – non-interest-bearing	30,723.	45	19,096.
- 1	46	Savings and temporary cash investments		46	
		g ,			
	47 a	Accounts receivable	<u>.</u>		
	b	Less: allowance for doubtful accounts	16,333.	47 c	1,000.
ı					
	48 a	Pledges receivable	3.		
1	b	Less: allowance for doubtful accounts	89,827.	48c	15,833.
- 1	49	Grants receivable	·	49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
l					
A	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
A S S E T S	51 a	Other notes and loans receivable (attach schedule)			
T	b	Less: allowance for doubtful accounts 51 b		51 c	
- 1		Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
1		Investments – publicly-traded securities ► Cost FMV		54 a	
		Investments – other securities (attach sch) Cost FMV	,	54b	
	55 a	Investments – land, buildings, & equipment: basis			
		Less: accumulated depreciation (attach schedule)		55 c	
	EG	Investments – other (attach schedule)		56	
		Land, buildings, and equipment: basis	, <del></del>		
			<u>- •  </u>		
	t t	Less: accumulated depreciation (attach schedule)STATEMENT . 2 57b 120, 262	2. 175,431.	57 c	194,540.
	58	. 31 3			
		(describe ►)		58	000 460
	59	Total assets (must equal line 74). Add lines 45 through 58	00 000	59	230,469.
	60	Accounts payable and accrued expenses		60	6,615.
	61	Grants payable		61	
L	62	Deferred revenue	• •	62	
A B	63	Loans from officers, directors, trustees, and key			
L		employees (attach schedule)		63	_
Ĭ		a Tax-exempt bond liabilities (attach schedule).		64a	i
i E S		o Mortgages and other notes payable (attach schedule)SEESTATEMENT3		64b	195,515.
S	65	Other liabilities (describe •		66	202,130.
	66	Total liabilities, Add lines 60 through 65	222,100	00 	202,130.
И	Org	anizations that follow SFAS 117, check here ► X and complete lines 67			
Ĕ		through 69 and lines 73 and 74.	90,126.	67	28,339.
Ą	67	Unrestricted	50,120.	68	20,333.
ASSETS	68	Temporarily restricted		69	
	69	Permanently restricted	••	103	
R	Org				
	70	70 through 74.  Capital stock, trust principal, or current funds		70	1
F U N D	70	Paid-in or capital surplus, or land, building, and equipment fund		71	-
	71 72	Retained earnings, endowment, accumulated income, or other funds		72	
Ê	l				
BALANOEの	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			28,339.
_	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	312,314	. 74	230,469.
ВА	Δ				Form 990 (2006)

Form 990 (2006) ROXY PRODUCTIONS	, INC.		621251	
ParalVA Reconciliation of Revenuinstructions.)	e per Audited Financia	Statements with	Revenue per Retui	rn (See the
a Total revenue, gains, and other support	per audited financial statemen	ts	a	475,636.
b Amounts included on line a but not on P				
1 Net unrealized gains on investments		b1 _		
2Donated services and use of facilities				
3Recoveries of prior year grants		b3		
4Other (specify):				
Add lines b1 through b4				
c Subtract line b from line a			c	475,636.
d Amounts included on Part I, line 12, but		11		
1 Investment expenses not included on Pa				
		امد ا		
Add lines d1 and d2  e Total revenue (Part I, line 12). Add lines				475,636.
Reconciliation of Expens	ses ner Audited Financi	al Statements with	Fynenses ner Re	475,050. turn
Reconcination of Expens	ses per Addited i maner	ui Statements With		tarii
a Total expenses and losses per audited f	nancial statements		a	537,423.
b Amounts included on line a but not on P				
1 Donated services and use of facilities		ь1		
2Prior year adjustments reported on Part				
3Losses reported on Part I, line 20				
4Other (specify):				
Add lines b1 through b4			<u>b</u>	
c Subtract line b from line a			c	537,423.
d Amounts included on Part I, line 17, but		11		
1 Investment expenses not included on Pa				
2Other (specify):				
Add lines d1 and d2  e Total expenses (Part I, line 17). Add line			<del></del>	537,423.
Current Officers, Directo or key employee at any time du	rs, Trustees, and Ney E	mployees (List each e not compensated.) (Se	n person wno was an or ee the instructions.)	ncer, director, trustee,
	(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
	10 position	cinci vy	compensation plans	anowarioes
DENISE TUCKER	PRESIDENT	0.	0.	0.
311CAINRIDGE ROAD				
CLARKSVILLE, TN 37040				
WALTER MARCZAK	VICE PRESIDENT	0.	0.	0.
209 CASTLE HEIGHTS	2			
CLARKSVILLE, TN 37040	CECDEM'S DV			
DAVID BOEN	SECRETARY	0.	0.	0.
108 WEST CREEK ROAD CLARKSVILLE, TN 37040	4			
BARRY KITTERMAN	TREASURER	0.	0.	0.
549 BEECHWOOD	TVEUDOVEK	0.	"	0.
CLARKSVILLE, TN 37043	-			
Chillip I I I I I I I I I I I I I I I I I I I				
	1			

Form 990 (2006) ROXY PRODUCTIONS, INC.			6212513	76 Page <b>6</b>
Part V-A Current Officers, Directors, Tru		mployees (continue	ed)	Yes No
75 a Enter the total number of officers, directors, and trustees pe	rmitted to vote on organizati	on business as board meeting:	s ► 4	
b Are any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throu- identifies the individuals and explains the relati	sated professional and gh family or business r	l other independent con elationships? If 'Yes,' a	tractors listed in Schedul	es e 75b X
c Do any officers, directors, trustees, or key emplished in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	sated professional and any other organization	t other independent con ns, whether tax exempt	tractors listed in Schedul or taxable, that are relat	le ed
If 'Yes,' attach a statement that includes the in				
d Does the organization have a written conflict of	interest policy?			75d X
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	or, trustee, or key emp	loyee received compens f compensation or other	sation or other benefits (	described below)
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				
				<u> </u>
Other Information (See the inst	ructions.)			Yes No
76 Did the organization make a change in its active if 'Yes,' attach a detailed statement of each change in its active in the statement of each change in the				76 X
77 Were any changes made in the organizing or g	-		ks?	
If 'Yes,' attach a conformed copy of the change	•			
78a Did the organization have unrelated business of	gross income of \$1,000	or more during the yea	r covered by this return?	78a X
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?	• • • • • • • • • • • • • • • • • • • •		78b N/A

76 Did the organization make a change in its activities or methods of conducting activities?

If 'Yes,' attach a detailed statement of each change.

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

If 'Yes,' attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.

79 X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?

80 a X

b If 'Yes,' enter the name of the organization ► N/A

and check whether it is exempt or nonexempt.

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

81 b X

BAA

Form 990 (2006)

Form 990 (2006) ROXY PRODUCTIONS,	INC.			6212513	76 Page 8
Other Information (contin	ued)				Yes No
c At any time during the calendar year, d	id the organizat	on maintain an office	e outside of the Un	ited States?	91c X
If 'Yes,' enter the name of the foreign of	country ►				
92 Section 4947(a)(1) nonexempt charitab	le trusts filing Fo	orm 990 in lieu of <b>Fo</b> i	rm 1041 - Check h	ere	N/A ►
and enter the amount of tax-exempt int				▶ 92	N/A
Part VII Analysis of Income-Produci	n <b>g</b> Activities (	See the instructio	ns.)		
	Unrelated	business income	Excluded by se	ection 512, 513, or 514	<b>(E)</b>
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue: a ADMISSIONS					234,112.
b					
c					
d					
e					
f Medicare/Medicaid payments	·				
g Fees & contracts from government agencies					
94 Membership dues and assessments.					
95 Interest on savings & temporary cash invmnts.					282.
96 Dividends & interest from securities.					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop	1				
99 Other investment income	·				
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c		-			
d					
e					
Subtotal (add columns (B), (D), and (E))					234,394.
105 Total (add line 104, columns (B), (D),					234,394.
Note: Line 105 plus line 1e, Part I, should eq	ual the amount	on line 12, Part I.			
Part VIII Relationship of Activities	to the Acco	mplishment of E	xempt Purpos	ses (See the instru	ctions.)
Line No. Explain how each activity for who of the organization's exempt pur	ch income is reposes (other tha	ported in column (E) in by providing funds	of Part VII contrib for such purposes	uted importantly to the	accomplishment
93A ADMISSION REVENUES A	·			·	OTHER
ENTERTAINMENT TO THE					
95   INTEREST EARNED IS M	INIMAL, IT	HELPS TO KE	EP ADMISSION	PRICES DOWN	
Part IX Information Regarding Ta	axable Subsi	diaries and Disr	egarded Entiti	es (See the instruc	ctions.)
(A)	(B)		(C)	(D)	(E)
Name, address, and EIN of corporation,	Percentage	,		Total	End-of-year
partnership, or disregarded entity	ownership in		of activities	income	assets
N/A		용			
		8	·		
		क्ष			
		क्ष			
Part X Information Regarding T	ransfers Ass	ociated with Pe	rsonal Benefit	Contracts (See th	e instructions.)
a Did the organization, during the year, receive any     b Did the organization, during the year, p	funds, directly or inc	lirectly, to pay premiums o	n a personal benefit co	ntract?	Yes X No
Note: If 'Yes' to (b), file Form 8870 and F	orm 4720 (see i	nstructions).			
RAA				TEFADIORI ONIONE	7 Form 990 (2006)

<sub>e</sub> rai	i XI	Information Regarding Transfers To an organization is a controlling organization	nd From Controlled E on as defined in sectio	ntities. Complete only In 512(b)(13).	/ if the		
						Yes	No
106	Did 'Yes	the reporting organization make any transfers to a s,' complete the schedule below for each controlled	controlled entity as defined entity	in section 512(b)(13) of the	Code? If		Х
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	(D) of tran	sfer
а	<del>-</del>						
b							
С	<b>-</b>						
		Totals					
						Yes	No
107	Did 'Yes	the reporting organization receive any transfers fro s, complete the schedule below for each controlled	m a controlled entity as det	fined in section 512(b)(13) o	of the Code? If		Х
	(A) Name, address, of each controlled entity  (B) Employer Identification Number  (C) Description of transfer  Amount				Amount	(D) nt of transfer	
а							
þ							
с							
		Totals					
						Yes	No
108	Did ann	the organization have a binding written contract in uities described in question 107 above?	effect on August 17, 2006,	covering the interest, rents,	royalties, and		Х
Under penaltic of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe, correct, the complete. Declarately of preparer (over than officer) is based on all information of which preparer has any knowledge.  Please Sign Here  BARRY KITTERMAN, TREASURER Type or print name and title.						and belief,	it is
Paic Pre-		Preparer's signature		/23/08 Check if self-employed ▶	Preparer's SSN General Instruc P001842		(See
pare Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4  CLARKSVILLE, TN 37040	VE		<u>2-0811623</u> (931) 648-	- <u>4</u> 786	
BAA	_			1 Hone no.		m 990	

#### 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.)

2006

Employer Identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

621251376 ROXY PRODUCTIONS, INC. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See 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 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	.	1	v
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
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?	2a		<u>X</u> _
b Lending of money or other extension of credit?	2b		<u>X</u>
			••
c Furnishing of goods, services, or facilities?	2c		<u>X</u>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		X
d rayment of compensation (or payment of remodisement of expenses if more than \$1,000)			
e Transfer of any part of its income or assets?	2 e		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3ь		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3с		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b	N,	'A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N.	/A
d Enter the total number of donor advised funds owned at the end of the tax year			N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		_	N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.			0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			0.

ROXY PRODUCTIONS, INC.

Schedule A (Form 990 or 990-EZ) 2006

621251376

Page 3

	JAI INODOCTIONS,			0212313	70 Fage 3
Part IV Reason for Non-Private	Foundation Status (	See instructions.)			
I certify that the organization is not a private to	oundation because it is: (F	Please check only ONE appl	icable box.)		
5 A church, convention of churches, of	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. Sect	ion 1 <b>70(b)(1)(A)</b> (iii).			
8 A federal, state, or local governmen	nt or governmental unit. Se	ection 170(b)(1)(A)(v).			
9	erated in conjunction with		)(A)(iii). Ente	er the hospita	l's name, city. 
10 An organization operated for the be (Also complete the Support Schedu	nefit of a college or univer lle in Part IV-A.)	sity owned or operated by a	a governmen	tal unit. Secti	on 1 <b>70(b)(1)(</b> A)(iv <b>)</b> .
11 a X An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp	ves a substantial part of its olete the Support Schedule	support from a governmen in Part IV-A.)	ital unit or fro	om the genera	al public.
11 b A community trust. Section 170(b)(	I)(A)(vi). (Also complete th	e Support Schedule in Part	t IV-A.)		
An organization that normally receive from activities related to its charitate from gross investment income and organization after June 30, 1975. So	ile, etc. functions - subjec	t to certain exceptions, and	(2) no more	than 33-1/3%	of its support
An organization that is not controlle requirements of section 509(a)(3).	d by any disqualified perso	ons (other than foundation r	nanagers) a	nd otherwise i	
Type I Type II	Type III-Function	<del></del>	Type III		
	T	out the supported organiza			(-)
(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organizatio the sup organiz gove docum	pported on listed in porting ration's rning	(e) Amount of support
			Yes	No	
-					
	<del> </del>				
Total					0.
14 An organization organized and ope	rated to test for public safe	ety, Section 509(a)(4). (See			n 990 or 990-EZ) 2006

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

Note	Tou may use the worksheet in the	ie instructions for con	verting from the accru	iai to the cash method	Tor accounting.	
begir	ndar year (or fiscal year nning in)	(a) 2005	<b>(b)</b> 2004	<b>(c)</b> 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	231,320.	136,977.	113,159.	81,374.	562,830.
16	Membership fees received					0.
	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	238,884.	201,197.	122,037.	85,259.	647,377.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23	Total of lines 15 through 22	470,204.	338,174.	235,196.	166,633.	1,210,207.
24	Line 23 minus line 17	231,320.	136,977.			562,830.
	Enter 1% of line 23	4,702.	3,382.		1,666.	
	Organizations described on lines	<del></del>		olumn (e), line 24		11,257.
	Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	name of and amount contri for 2002 through 2005 excee	buted by each person (othe ded the amount shown in li	r than a governmental unit one 26a. Do not file this list	or publicly with your	11,237.
С	Total support for section 509(a)(1	) test: Enter line 24, o	column (e)		► 26c	562,830.
d	Add: Amounts from column (e) for	or lines: 18		19 26b		
		22		26b	26 d	
	Public support (line 26c minus lin	ie 26d total)	. <i>.</i>			562,830.
f	Public support percentage (line 2	26e (numerator) divide	ed by line 26c (denom	inator))		100.00 %
	Organizations described on line For amounts included in lines 15, name of, and total amounts received amounts for each year:	. 16, and 17 that were ived in each year from	n, each 'disqualified p	erson.' Do not file this	s list with your return.	Enter the sum of
	(2005)					
	For any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organi After computing the difference be differences (the excess amounts)	at received for each ye zations described in li etween the amount re o for each year:	ear, that was more that nes 5 through 11b, as ceived and the larger	an the larger of (1) the s well as individuals.) amount described in (	e amount on line 25 fo Do not file this list wit (1) or (2), enter the sui	r the year or (2) h your return. m of these
_	Add: Amounts from column (a) for	(4004)	(2003) -		_ (2002)	<b></b>
C	(2005) Add: Amounts from column (e) for 17 Add: Line 27a total	7 mies. 15 20		21	27.5	
rl	Add: Line 27a total		nd line 27b total	<u> </u>	27.6	
م	Public support (line 27c total min	us line 27d total)			270	<del>-</del>
f	Total support for section 509/aV2	n test: Enter amount:	from line 23 column (	(e) ► 27f		
,	Total support for section 509(a)(2 Public support percentage (line 2	77e (numerator) divide	nd hy line 27f/denomi	inator))	▶ 27.5	ક
y h	Investment income percentage (In	ine 18. column (e) fac	merator) divided by E	ine 27f (denominator)		<u> </u>
	Unusual Grants: For an organiza					
/X	TUDUSUM GRADIS' FOR AD ORDANIZA	mon described in line.	THE DE LY IDAL FACE	シャンラム ネロハ じりじくじさしんじき	ois during オルフ かげんしん	DO AND DISCORDA

<sup>28</sup> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

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

	Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)  N/A									
Chec	Check ► a if the organization belongs to an affiliated group. Check ► b if you checked 'a' and 'limited control' provisions apply.									
	Limits on Lobbying Expenditures  (a) Affiliated group						(b) To be completed for all electing			
	(The term 'expenditures' means amounts paid or incurred.)						organizations			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)						_			
37			ures to influence a legisla	• •		<del></del>				
38			ures (add lines 36 and 3	•		<del></del>				
39			expenditures							
40			xpenditures (add lines 3	•		40				
41		-	nount. Enter the amount	_						
		ount on line 40		obbying nontaxable an						
			,000,000\$100,0	•						
			\$1,500,000 \$175,0	•		41				
			\$17,000,000\$225,0	•						
40			\$1,00	·		42				
42			amount (enter 25% of lin ne 36. Enter -0- if line 42	•						
43 44			ne 38. Enter -0- if line 42			<b>—</b>				
44			amount on either line 43			444				
	- Junior II	. ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				- F01	/L\	***************************************		
	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.)									
	Lobbying Expenditures During 4 -Year Averaging Period									
	Calenda (or fisca beginnir	l year	(a) 2006	(b) 2005	(c) 2004		(d) 2003		(e) Total	
45		g nontaxable								
46		ceiling amount line 45(e))								
47	Total lot expendi	bying tures								
48	Grassro- taxable	ots non- amount								
49		ceiling amount line 48(e))								
	expendi	ots lobbying tures				<u> </u>				
Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.)  N/A										
Durii atter	During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Yes  No  Amount									
	a Volunteers									
	b Paid staff or management (Include compensation in expenses reported on lines c through h.)									
	c Media advertisements									
	-		=							
		• •	ed or broadcast stateme					<del></del>		
		_	ations for lobbying purpo					<del></del>	<del>                                     </del>	
	g Direct contact with legislators, their staffs, government officials, or a legislative body									
	i Total lobbying expenditures (add lines c through h.)									
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.									
	ii les to any of the above, also attach a statement giving a detailed description of the robbying activities.									

# Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	e reporting organization of Code (other than section	directly or in 501(c)(3) o	directly engage in any of the followin rganizations) or in section 527, relation	g with any other organization described ng to political organizations?	in section	501(	;)
			o a noncharitable exempt organizatio			Yes	No
(i)Cash					51 a (i)		X
			•••••••	• • • • • • • • • • • • • • • • • • • •	a (ii)		X
	transactions:						
(i)Sales or exchanges of assets with a noncharitable exempt organization					b (i)		X
(ii)P	(ii)Purchases of assets from a noncharitable exempt organization						X
(iii)R	ental of facilities, equipm	ent, or other	assets		b (ii) b (iii)		X
(iii)Rental of facilities, equipment, or other assets							$\frac{X}{X}$
							$\frac{\Lambda}{X}$
					b (vi)		X
d If the	answer to any of the abo	i, maining its	s, other assets, or paid employees.	(a) about distance about the fair	c		X
the go	ods, other assets, or ser	vices given	by the reporting organization. If the o	umn (b) should always show the fair mar rganization received less than fair mar ods, other assets, or services received:	ırket value ket value i	ot n	
		ngement, st	now in column (d) the value of the go	ods, other assets, or services received:			
(a) Line no.	(b)	Nome of	(c)	(d)			
Line no.	Amount involved	iname of	noncharitable exempt organization	Description of transfers, transactions, and	sharing arrar	igement	S
N/A							
		i					
				<u> </u>			<del></del>
	· <del>-</del>	<u> </u>					
-							
			<del></del>				
	<u> </u>		<del></del>				
52 a Is the descri	organization directly or in ibed in section 501(c) of t	ndirectly affi the Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in section	tax-exempt organizations on 527?	►  Ye	s X	No
b If 'Yes	s,' complete the following	schedule:					
	(a)		(b)	(c)			
Name of organization			Type of organization	Description of relation	ship		
N/A	-						
					_		
<del>.</del>							
			-				
				· <u> </u>			
				-			
	<del>-</del>		·	<u> </u>	-		
				<del></del>			
	<del></del>						
	<u> </u>						

20	NA.
20	vu

#### FEDERAL STATEMENTS

PAGE 1

ROXY PRODUCTIONS, INC.

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1/23/08

STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACTORS HOUSING ADVERTISING BANK FEES DEVELOPMENT	23,248. 80,076. 3,508. 2,874.	23,248. 2,874.	80,076. 3,508.	
DUES FUNDRAISING INSURANCE JANITORIAL OFFICE OTHER PRODUCTION	1,143. 7,186. 12,543. 2,475. 7,846. 9,163. 202,141.	1,143. 202,141.	12,543. 2,475. 7,846. 9,163.	7,186.
PROFESSIONAL SERVICES ROYALTIES UTILITIES	11,570. 29,116. 22,115. TOTAL \$ 415,004.	29,116. 258,522.	11,570. 22,115. \$ 149,296.	\$ 7,186.

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

CATEGORY		BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT BUILDINGS IMPROVEMENTS LAND	\$ TOTAL \$	62,312. 137,876. 58,844. 55,770. 314,802.	\$ 59,752. 44,576. 15,934. \$ 120,262.	\$ 2,560. 93,300. 42,910. 55,770. \$ 194,540.

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

180 PYMNTS DUE MONTHLY 8.25% LAND & BUILDING DEBT CONSOLIDATION LAND & BUILDING 167,516.

F & M BANK

3/13/2007 6/20/2020

BALANCE DUE:

\$ 164,819. 2006

#### **FEDERAL STATEMENTS**

PAGE 2

ROXY PRODUCTIONS, INC.

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1/23/08

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:

MATURITY DATE: REPAYMENT TERMS: INTEREST RATE:

SECURITY PROVIDED: PURPOSE OF LOAN:

DESC. OF CONSIDERATION: ORIGINAL AMOUNT:

ORIGINAL AMOUN BALANCE DUE:

F & M BANK 8/21/2007

8/21/2008 11 INT PYMT ONE LUMP SUM PYMT

8.00% NONE

GENERAL OPERATIONS

NONE 51,000.

\$ 30,696.

TOTAL \$ 195,515.