



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public

Department of the Treasury
Internal Revenue Service

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

Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

B Check if applicable:	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	THE STERLING PLAYMAKERS	54-1876352
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	120 ENTERPRISE STREET	703-437-6117
<input type="checkbox"/> Terminated	Room/suite	F Group Exemption Number
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Application pending	STERLING VA 20164	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶ <u>sterlingplaymakers.com</u>		
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

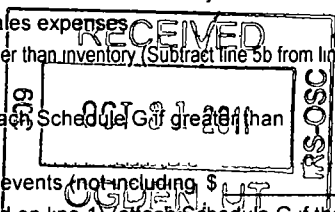
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **88,106**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	7,579
	2 Program service revenue including government fees and contracts	2	73,420
	3 Membership dues and assessments	3	2,055
	4 Investment income	4	1,337
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 4) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	3,715	
b Less cost of goods sold	7b	3,910	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-195	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	84,196	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	2,550
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	899
	14 Occupancy, rent, utilities, and maintenance	14	25,408
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	51,940
	17 Total expenses. Add lines 10 through 16	17	80,797
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,399
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	148,490
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	151,889



Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	143,909	22	147,540
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	4,581	24	4,349
25 Total assets	148,490	25	151,889
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	148,490	27	151,889

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO PRODUCE AND PROMOTE THEATRICAL ARTS FOR THE COMMUNITY.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 See Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	41,473
29 See Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	11,651
30 See Schedule O (Grants \$ 2,550) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,550
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	55,674

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANGELA HEPOLA	VICE CHAIR 9.00	0	0	0
BILL FRY	DIRECTOR 7.00	0	0	0
DEB BARTRAM	DIRECTOR 0.50	0	0	0
EMILIE PUGH	TREASURER 17.00	0	0	0
KATHLEEN BLEUTGE	DIRECTOR 13.00	0	0	0
JERRI WISEMAN	DIRECTOR 8.00	0	0	0
BARBARA GILLEN	SECRETARY 8.00	0	0	0
APRIL BRIDGEMAN	CHAIRMAN 9.00	0	0	0
TERRY DIMURRO	DIRECTOR 15.00	0	0	0
CORINNE FOX	DIRECTOR 10.00	0	0	0
GLEN BARTRAM	DIRECTOR 0.50	0	0	0
KIMBERLY FRY	DIRECTOR 7.00	0	0	0
JIM JOHNSON	DIRECTOR 1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ None		
42a	The organization's books are in care of ▶ EMILIE PUGH Telephone no ▶ 703-430-6969 120 ENTERPRISE ST Located at ▶ STERLING VA ZIP + 4 ▶ 20164		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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

Sign Here: Emilie Mullard Pugh Signature of officer Date: October 27, 2011
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name MEREDITH K LIGHT, CPA	Preparer's signature <u>Meredith K. Light, CPA</u>	Date 10/20/11	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01257620
	Firm's name ▶ Meredith K. Light, CPA	Firm's EIN ▶ 54-1719942			
	Firm's address ▶ 25992 Light Ridge Farm Road Aldie, VA 20105	Phone no 703-754-3394			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

THE STERLING PLAYMAKERS

Employer identification number

54-1876352

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,279	15,940	18,511	49,617	7,579	102,926
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	53,138	63,119	71,115	50,199		237,571
3 Gross receipts from activities that are not an unrelated trade or business under section 513					79,190	79,190
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	64,417	79,059	89,626	99,816	86,769	419,687
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				44,400		44,400
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b				44,400		44,400
8 Public support (Subtract line 7c from line 6)						375,287

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	64,417	79,059	89,626	99,816	86,769	419,687
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,988	2,471	2,189	1,614	1,337	9,599
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,988	2,471	2,189	1,614	1,337	9,599
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	66,405	81,530	91,815	101,430	88,106	429,286

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	87.42%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	87.98%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	2%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	2%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
Inspection**THE STERLING PLAYMAKERS**

Employer identification number

54-1876352**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
ADVERTISING & PROMOTION	\$ 6,439
CHECK PRINTING	\$ 17
SUPPLIES	\$ 128
WEBSITE	\$ 250
ROYALTIES	\$ 4,414
INSURANCE	\$ 1,894
FLYERS/POSTCARDS	\$ 3,911
POSTAGE	\$ 3,591
PROGRAMS	\$ 2,729
SEASON BROCHURES	\$ 1,388
PRODUCTION EXPENSES	\$ 23,316
SECURITY DEPOSIT EXPENSE	\$ 287
MEMBERSHIP FEES	\$ 480
STATE CORPORATION FEE	\$ 25
P.O. BOX	\$ 72
BULK MAIL PERMIT	\$ 185
TELEPHONE	\$ 470
BUSINESS CARDS	\$ 144
HOLIDAY PARTY	\$ 364
NEWSLETTERS	\$ 1,138
PHOTOGRAPHY	\$ 45
RECOGNITION PLAQUE	\$ 71

Name of the organization THE STERLING PLAYMAKERS	Employer identification number 54-1876352
--	---

PUBLICITY	\$	329
SUMMER PICNIC	\$	213
2011 SURVEY	\$	40
Total	\$	51,940

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
EQUIPMENT & OTHER ASSETS	\$ 21,771	\$ 22,195
Less Accumulated Depreciation	\$ 17,715	\$ 19,294
SECURITY DEPOSIT	\$ 325	0
BOX OFFICE CASH	\$ 200	400
SHIRT INVENTORY	\$ 0	1,048
Total	\$ 4,581	\$ 4,349

Form 990-EZ, Part III, Line 28 - First Achievement

THEATRICAL PRODUCTIONS- THE ORGANIZATION HAD SIX MAIN PRODUCTIONS WITH A TOTAL OF 5,090 ATTENDEES. THE ORGANIZATION'S SWORDPLAYERS PERFORMED AT VARIOUS FESTIVALS AND HELPED LOCAL HIGH SCHOOL DRAMA CLUBS WITH THEIR FIGHT CHOREOGRAPHY.

Form 990-EZ, Part III, Line 29 - Second Achievement

THE ORGANIZATION SENT OUT NEWSLETTERS AND FLYERS TO ACQUAINT THE GENERAL PUBLIC ON ACTIVITIES OF THE ORGANIZATION AND THE VARIOUS ASPECTS OF COMMUNITY THEATRE.

Name of the organization

THE STERLING PLAYMAKERS

Employer identification number

54-1876352

Form 990-EZ, Part III, Line 30 - Third Achievement

DONATIONS TO LOCAL HIGH SCHOOLS, COMMUNITY CENTER, SENIOR CENTER AND VFD AS
FOLLOWS:

POTOMAC FALLS HIGH SCHOOL BAND DEPT	\$ 250.00
STERLING PARK VFD	50.00
CASCADES SENIOR CENTER	450.00
LOUDOUN CO SCHOOLS CUSTODIAN BANQUET	250.00
POTOMAC FALLS HIGH SCHOOL DRAMA DEPT	750.00
STERLING COMMUNITY CENTER	400.00
STERLING COMMUNITY CENTER VIDEO SURVELLIANCE	400.00
	<hr/>
	\$2,550.00

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172
2010
 Attachment Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **THE STERLING PLAYMAKERS** Identifying number **54-1876352**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,339

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	240
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,579
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

54-1876352

Federal Asset Report

FYE: 6/30/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
17	FOG MACHINE	9/23/05	630				630	5	HY 200DB	594	36
18	LIGHT STAND	9/23/05	234				234	5	HY 200DB	221	13
19	20" VELOCITY FAN	8/07/07	45				45	5	HY 200DB	32	5
20	20" VELOCITY FAN	8/07/07	44				44	5	HY 200DB	31	5
21	MAKEUP CASE	9/04/07	209				209	5	HY 200DB	149	24
22	ULTRA QUIET 2000W GENERATOR	11/07/07	1,049				1,049	5	HY 200DB	747	121
23	UNIVERSAL MUSIC STAND KLIP-LITE	11/07/07	20				20	5	HY 200DB	14	3
24	UNIVERSAL MUSIC STAND KLIP-LITE	11/07/07	20				20	5	HY 200DB	14	3
25	UNIVERSAL MUSIC STAND KLIP-LITE	11/07/07	20				20	5	HY 200DB	14	3
26	UNIVERSAL MUSIC STAND KLIP-LITE	11/07/07	20				20	5	HY 200DB	14	3
27	UNIVERSAL MUSIC STAND KLIP-LITE	11/07/07	20				20	5	HY 200DB	14	3
28	UNIVERSAL MUSIC STAND KLIP-LITE	11/07/07	20				20	5	HY 200DB	14	3
29	STAGE REVOLVER (.22 PISTOL) # 1	3/26/08	117			X	58	5	HY 200DB	100	7
30	STAGE REVOLVER (.22 PISTOL) # 2	3/26/08	117			X	58	5	HY 200DB	100	7
31	TENT	6/01/08	76			X	38	5	HY 200DB	65	4
			<u>2,641</u>				<u>2,485</u>			<u>2,123</u>	<u>240</u>
Other Depreciation:											
1	THEATRICAL LIGHTS	12/24/97	1,502				1,502	10	MO S/L	1,502	0
2	STORAGE SHED #1	12/24/97	1,549				1,549	10	MO S/L	1,549	0
3	STAGE	7/01/98	400				400	10	MO S/L	400	0
4	STORAGE SHED #2	3/17/99	1,881				1,881	10	MO S/L	1,881	0
5	THEATRICAL LIGHTS #2	9/15/00	630				630	10	MO S/L	630	0
6	AUDIO EQUIPMENT	2/08/01	4,501				4,501	10	MO S/L	4,051	450
7	POWER DRILLS	7/10/01	416				416	10	MO S/L	374	42
8	STORAGE SHELVES	8/14/02	313				313	10	MO S/L	250	32
9	KEYBOARD #1	11/11/02	3,360				3,360	10	MO S/L	2,688	336
10	LADDER	12/02/02	207				207	10	MO S/L	166	20
11	KEYBOARD #2	6/16/03	500				500	10	MO S/L	400	50
12	LIGHT STAND	12/02/03	240				240	10	MO S/L	158	24
13	MICROPHONES	1/30/04	1,375				1,375	10	MO S/L	882	138
14	HAND TRUCK	5/12/04	73				73	10	MO S/L	45	7
15	AUDIO EQUIPMENT-AMP	8/15/04	380				380	10	MO S/L	225	38
16	ORCHESTRA LIGHTS	8/15/04	339				339	10	MO S/L	201	33
32	1 HANGING MICROPHONE	11/11/08	378				378	10	MO S/L	63	38
33	1 HANGING MICROPHONE	11/11/08	378				378	10	MO S/L	63	38
34	CAMCORDER	8/01/09	650				650	10	MO S/L	60	65
35	SWORDPLAYERS TABLE	11/01/09	58				58	10	MO S/L	4	6
36	HEAD SETS	4/03/11	70				70	5	MO S/L	0	4
37	LIGHTS	5/06/11	300				300	7	MO S/L	0	7
38	TENT CANOPY	7/02/10	54				54	5	MO S/L	0	11
	Total Other Depreciation		<u>19,554</u>				<u>19,554</u>			<u>15,592</u>	<u>1,339</u>
	Total ACRS and Other Depreciation		<u>19,554</u>				<u>19,554</u>			<u>15,592</u>	<u>1,339</u>
	Grand Totals		22,195				22,039			17,715	1,579
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>22,195</u>				<u>22,039</u>			<u>17,715</u>	<u>1,579</u>