Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2000 calendar year, OR tax year period beginning 07/01 , 2000, and ending 06/30/2001

B Check if applicable: ☐ Change of address ☐ Change of name ☐ Initial return ☐ Final return ☐ Amend return

Please use IRS label or print or type See Specific Instruc-tions.

C Name of organization
CULTURAL CENTER FOR THE ARTS

Number and street (or P O box if mail is not delivered to street address) Room/suite
1001 MARKET AVENUE NORTH

City or town, state or country, and ZIP code
CANTON, OH 44702

D Employer identification number
34-6609771

E Telephone number
(330)452-4096

F Check ▶ ☐ if application pending

G Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) ☐ 527 OR ☐ 4947 (a)(1)

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

J Accounting method ☐ Cash [X] Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

Note (H and I are not applicable to section 527 orgs)

H(a) Is this a group return for affiliates? ☐ Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No attach a list See inst) ☐ Yes [X] No

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes [X] No

I Enter 4-digit group exemption no (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990 EZ) ▶ ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received STMT 1			
	a Direct public support	1a 1,199,767.		
	b Indirect public support	1b		
	c Government contributions (grants)	1c 15,600.		
	d Total (add lines 1a through 1c) (cash $ 1,199,767. noncash $)		1d	1,215,367.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	310,624.
	3 Membership dues and assessments		3	
	4 Interest on savings and temporary cash investments		4	12,566.
	5 Dividends and interest from securities		5	565,671.
	6 a Gross rents	6a 75,462.		
	b Less rental expenses	6b 9,886.		
	c Net rental income or (loss) (subtract line 6b from line 6a)		6c	65,576.
	7 Other investment income (describe ▶)		7	
	8 a Gross amount from sales of assets other than inventory	(A) Securities 3,398,263. 8a	(B) Other	
	b Less cost or other basis and sales expenses	2,882,534. 8b		
	c Gain or (loss) (attach schedule)	515,729. 8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	515,729.
	9 Special events and activities (attach schedule)			
	a Gross revenue (not including $ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
	11 Other revenue (from Part VII, line 103)		11	196,595.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	2,882,128.
Expenses	13 Program services (from line 44, column (B))		13	830,700.
	14 Management and general (from line 44, column (C))		14	1,505,478.
	15 Fundraising (from line 44, column (D))		15	94,894.
	16 Payments to affiliates (attach schedule)		16	
	17 Total expenses (add lines 16 and 44, column (A))		17	2,431,072.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)		18	451,056.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	23,592,269.
	20 Other changes in net assets or fund balances (attach explanation) STMT 5		20	-943,942.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	23,099,383.

13

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20)

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 (attach schedule) (cash $ 767,960 noncash $)	22	767,960.	767,960.	STMT 6	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	75,293.		75,293.	
26 Other salaries and wages	26	237,700.		237,700.	
27 Pension plan contributions	27	14,900.		14,900.	
28 Other employee benefits	28	108,562.		108,562.	
29 Payroll taxes	29	23,745.		23,745.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	18,437.		18,437.	
34 Telephone	34	4,155.		4,155.	
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	9,013.		9,013.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation depletion etc (attach schedule)	42	423,093.		423,093.	
43 Other expenses (itemize) a STMT 8	43a	748,214.	62,740.	590,580.	94,894.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	2,431,072.	830,700.	1,505,478.	94,894.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____, (ii) the amount allocated to Program services $ _____, (iii) the amount allocated to Management and general $ _____, and (iv) the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 9

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a	(Grants and allocations $ 767,960.)	830,700.
b	(Grants and allocations $)	
c	(Grants and allocations $)	
d	(Grants and allocations $)	
e Other program services (attach schedule)	(Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶		830,700.

Part IV Balance Sheets (See Specific Instructions on page 23)

Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		24,032.	45	10,310.
	46	Savings and temporary cash investments		1,587,134.	46	1,573,238.
	47a	Accounts receivable	47a 41,249.			
	b	Less allowance for doubtful accounts	47b	36,111.	47c	41,249.
	48a	Pledges receivable	48a 261,377.			
	b	Less allowance for doubtful accounts	48b 18,800.	219,126.	48c	242,577.
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule) SEE STATEMENT 10.	51a 8,000.			
	b	Less allowance for doubtful accounts	51b	8,000.	51c	8,000.
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities (attach schedule) STMT 1 ☐ Cost ☒ FMV		13,737,811.	54	13,559,200.
	55a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments - other (attach schedule) SEE STATEMENT 12.		201,872.	56	237,984.
	57a	Land, buildings, and equipment basis STMT 13	57a 16,024,333.			
	b	Less accumulated depreciation (attach schedule)	57b 7,899,353.	8,472,586.	57c	8,124,980.
	58	Other assets (describe ▶ SEE STATEMENT 14)		158,622.	58	165,715.
	59	**Total assets** (add lines 45 through 58) (must equal line 74)		24,445,294.	59	23,963,253.
Liabilities	60	Accounts payable and accrued expenses		52,072.	60	32,065.
	61	Grants payable		800,953.	61	831,805.
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶)			65	
	66	**Total liabilities** (add lines 60 through 65)		853,025.	66	863,870.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		13,709,165.	67	13,115,029.
	68	Temporarily restricted		906,155.	68	957,405.
	69	Permanently restricted		8,976,949.	69	9,026,949.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	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)		23,592,269.	73	23,099,383.
	74	**Total liabilities and net assets/fund balances** (add lines 66 and 73)		24,445,294.	74	23,963,253.

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

a	Total revenue, gains, and other support per audited financial statements ▶	a	1,668,688
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments $ -943,942		
	(2) Donated services and use of facilities $		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) _____ $		
	Add amounts on lines (1) through (4) ▶	b	-943,942
c	Line a minus line b ▶	c	2,612,630
d	Amounts included on line 12, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) STMT 15 $ 269,498		
	Add amounts on lines (1) and (2) ▶	d	269,498
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	2,882,128

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	2,161,574
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities $		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify) _____ $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	2,161,574
d	Amounts included on line 17, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) STMT 16 $ 269,498		
	Add amounts on lines (1) and (2) ▶	d	269,498
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	2,431,072

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(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
SEE STATEMENT 19		75,293.	3,765.	-0-

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule - see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77		X
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		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	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?	80a		X
b	If "Yes " enter the name of the organization ▶ _____ and check whether it is ☐ exempt OR ☐ nonexempt			
81a	Enter the amount of political expenditures direct or indirect, as described in the *instructions for line 81* 81a			
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
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 for reporting 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 contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	*Taxable amount of lobbying and political expenditures (line 85d less 85e)* 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs* 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) orgs* 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 corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE , section 4912 ▶ NONE , section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
90a	List the states with which a copy of this return is filed ▶ OHIO			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b	11	
91	The books are in care of ▶ DAURICE OWENS Telephone no ▶ (330) 452-4096 Located at ▶ 1001 MARKET AVE. N., CANTON, OH ZIP code ▶ 44702			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A	

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a PROGRAM & EVENTS			6	31,240.	
b REIMB OPER EXP					279,384.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	12,566.	
96 Dividends and interest from securities			14	565,671.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	65,576.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	515,729.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b PARKING RECEIPTS	812930	148,011.	3	29,721.	
c BEVERAGE INCOME			3	17,318.	
d MISCELLANEOUS			1	1,545.	
e					
104 Subtotal (add columns (B), (D), and (E))		148,011.		1,239,366.	279,384.
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,666,761.

Note *Line 105 plus line 1d Part I should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE STATEMENT 20

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

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

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

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

Please

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 (Important See General Instruction W, on page 14)

11-11-02 ▶ President and CEO

Date Type or print name and title

Date Check if self-employed ▶ ☐ Preparer's SSN or PTIN

P00009079

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2000

Name of the organization

CULTURAL CENTER FOR THE ARTS

Employer identification number

34-6609771

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

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

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the 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 ▶	NONE	

Part III Statements About Activities

			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		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 of its 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			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		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? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ?	3		X
4a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

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

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

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

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

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

Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,171,412.	891,874.	1,804,920.	2,285,367.	6,153,573.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose	253,635.	263,940.	237,132.	205,348.	960,055.
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	572,015.	562,572.	518,263.	469,458.	2,122,308.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended 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 the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,997,062.	1,718,386.	2,560,315.	2,960,173.	9,235,936.
24 Line 23 minus line 17	1,743,427.	1,454,446.	2,323,183.	2,754,825.	8,275,881.
25 Enter 1% of line 23	19,971.	17,184.	25,603.	29,602.	

26 Organizations described in lines 10 or 11 a Enter 2% of amount in column (e), line 24	26a	165,518.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts STMT 21	26b	424,546.
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	8,275,881.
d Add Amounts from column (e) for lines 18 2,122,308. 19 ____ 22 ____ 26b 424,546.	26d	2,546,854.
e Public support (line 26c minus line 26d total)	26e	5,729,027.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	69.2256 %

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year NOT APPLICABLE

(1999) _____ (1998) _____ (1997) _____ (1996) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) 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

(1999) _____ (1998) _____ (1997) _____ (1996) _____

c Add Amounts from column (e) for lines 15 ____ 16 ____ 17 ____ 20 ____ 21 ____	27c	
d Add Line 27a total ____ and line 27b total ____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions.)

Part V **Private School Questionnaire** (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) NOT APPLICABLE

			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)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
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?	32d		
	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			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
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)			
34a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	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		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check here ▶ a ☐ if the organization belongs to an affiliated group
Check here ▶ b ☐ if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - **The lobbying nontaxable amount is -**			
Not over $500 000 — 20% of the amount on line 40			
Over $500 000 but not over $1 000,000 — $100 000 plus 15% of the excess over $500 000			
Over $1 000,000 but not over $1 500,000 — $175,000 plus 10% of the excess over $1 000 000	41		
Over $1 500 000 but not over $17 000 000 — $225 000 plus 5% of the excess over $1 500,000			
Over $17,000 000 — $1,000 000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 9 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 9 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)	X	
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)	X	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51B(III)	135.	PLAYERS GUILD THEATE	RENTAL OF FACILITIES
51B(III)	1,107.	HOOVER HIGH SCHOOL	RENTAL OF FACILITIES
51B(III)	555.	CENTRAL CATHOLIC HS	RENTAL OF FACILITIES
51B(III)	3,011.	MUSEUM OF ART	RENTAL OF FACILITIES
51B(III)	6,250.	CANTON CIVIC OPERA	RENTAL OF FACILITIES
51B(III)	3,103.	VARIOUS MEMBERSHIPS	RENTAL OF FACILITIES

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization	Employer identification number
CULTURAL CENTER FOR THE ARTS	34-6609771

Organization type (check only one) - Section | X | 501(c)(3) (enter number) | | 527 or | | 4947(a)(1) nonexempt charitable trust

A **Section 501(c)(7), (8), or (10) organizations -**

Check this box if the organization had no charitable contributors who contributed more than $1 000 during the year (But see **General rule** below) . . . . . ▶ ☐

Enter here the total gifts received during the year for a religious charitable etc purpose ▶ $

Note: *This form is generally not open to public inspection except for section 527 organizations*

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990**, Return of *Organization Exempt From Income Tax, or* **Form 990-EZ**, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ

Caution: *Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)*

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other *organizations that must file this form*

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

General Rule. Unless the organization is covered by *one of the special rules below, it must list on Part I* every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling $5,000 or more for the year Also complete Part II for a noncash contribution In determining the $5,000 amount, total all of the contributor's gifts of $1,000 or more for the year

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 331/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of $5,000 or more is greater than 2% of *the amount reported on line 1d of Form 990 (or line 1* of Form 990-EZ) (Regulations section 1 6033-2(a)(2)(iii)(a))

Example: A section 501(c)(3) organization, of the type described above, reported $700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990 The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of $5,000 or $14,000 (2% of $700,000) Thus, a contributor who gave a total of *$11,000 would not be reported in Parts I and II for this* section 501(c)(3) organization Even though the $11,000 contribution to the organization exceeded $5,000, it did not exceed $14,000

Section 501(c)(7), (8), or (10) organizations. For *noncharitable* contributions to one of these organizations, list in Part I contributors who gave $5,000 or more as described in the **General Rule** discussed above

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc , purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than $1,000 during the year that were for a religious, charitable, etc , purpose To determine the $1,000, aggregate all of a contributor's gifts for the year (regardless of amount) For a noncash contribution, complete Part II

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** *charitable contributors on Part I must also complete* Part III

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line **A** at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided The organization need not complete and attach Part III

Specific Instructions

Note *You may duplicate Parts I II, and III if more copies are needed Number each page of each Part*

Part I In column **(a),** identify the first contributor listed as no 1 and the second contributor as no 2, etc Number consecutively Show the contributor s name, address, aggregate contributions for the year and the type of contribution (e g , whether an individual, payroll, or noncash contribution) Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually)

Part II. In column **(a),** show the number that corresponds to the contributor's number in Part I Describe the noncash contribution fully Report on property with readily determinable market value (i e , market quotations for securities) by listing its fair market value (FMV) For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date See Regulations section 20 2031-2 to determine the value of contributed stocks and bonds When market value cannot be readily determined, use an appraised or estimated value To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc , purposes must complete Parts I through III for those persons whose gifts totaled *more than $1,000 during the year Show also, in the* heading of Part III, total gifts that were $1,000 or less and were for a religious, charitable etc , purpose *Complete this information only on the first Part III page*

If an amount is set aside for a religious, charitable, etc , purpose, show in column **(d)** how the amount is held (e g , whether it is mingled with amounts held for other purposes) If the organization transferred the gift to another organization, show the name and address of the transferee organization in column **(e)** and explain the relationship between the two organizations

Name of organization: CULTURAL CENTER FOR THE ARTS

Employer identification number: 34-6609771

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		5,250.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
2		10,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
3		7,500.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
4		5,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
5		25,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
6		25,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Name of organization: CULTURAL CENTER FOR THE ARTS

Employer identification number: 34-6609771

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
7		6,615.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
8		5,775.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
9		10,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
10		30,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
11		100,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
12		16,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Name of organization: CULTURAL CENTER FOR THE ARTS

Employer identification number: 34-6609771

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
13		16,500.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
15		7,500.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
16		5,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
17		6,300.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
18		5,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
19		8,400.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Name of organization: CULTURAL CENTER FOR THE ARTS

Employer identification number: 34-6609771

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
20		60,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
21		10,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
22		5,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
23		5,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
24		15,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
25		10,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Name of organization: CULTURAL CENTER FOR THE ARTS

Employer identification number: 34-6609771

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
26		5,348.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
27		5,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
28		5,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
29	MISC. <$5000	779,609.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
			Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
			Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note: ***Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868***

Part I **Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Note. ***Form 990-T corporations*** *requesting an automatic 6-month extension - check this box and complete Part I only* . . . . ▶ [X]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	CULTURAL CENTER FOR THE ARTS	34-6609771
	Number, street, and room or suite no If a P O box, see instructions 1001 MARKET AVENUE NORTH	
	City, town or post office, state and ZIP code For a foreign address, see instructions CANTON, OH 44702	

Check type of return to be filed (file a separate application for each return)

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T(sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ▶ [ ] *If it is for part of the group, check this box* ▶ [ ] *and attach a list with the* names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 05/15 , 2002 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year _____ or

▶ [X] tax year beginning 07/01 , 2000, and ending 06/30 , 2001

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . . . . . $ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit . . . . . $ _____

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . . . $ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ AMER EXP TAX & BU Date ▶ 11-12-01

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

JSA

0F8034 2 000

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11

(NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
	382,000.	165,518.	216,482.
	209,000.	165,518.	43,482.
	330,100.	165,518.	164,582.
TOTAL	921,100.		424,546.

FORM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
	VAR	5,250.
	VAR	10,000.
	VAR	7,500.
	VAR	5,000.
	VAR	25,000.
	VAR	25,000.
	VAR	6,615.
	VAR	5,775.

FORM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
	VAR	10,000.
	VAR	30,000.
	VAR	100,000.
	VAR	16,000.
	VAR	16,500.
	VAR	4,970.
	VAR	7,500.
	VAR	5,000.

FORM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
	VAR	6,300.
	VAR	5,000.
	VAR	8,400.
	VAR	60,000.
	VAR	10,000.
	VAR	5,000.
	VAR	5,000.
	VAR	15,000.

FORM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
	VAR	10,000.
	VAR	5,348.
	VAR	5,000.
	VAR	5,000.
MISC. <$5000	VAR	779,609.
TOTAL CONTRIBUTION AMOUNTS		1,199,767.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED LOSS	943,942.
TOTAL	943,942.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
CANTON ART INSTITUTE			123,195
CANTON BALLET			105,050
CANTON CIVIC OPERA			42,020
CANTON SYMPHONY ORCHESTRA			268,355
PLAYERS GUILD OF CANTON			140,385
CANTON MUSEUM OF ART			207,235
MISCELLANEOUS GRANTS ACCRUED LAST YEAR			-118,280

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
		TOTAL CONTRIBUTIONS PAID	767,960

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROMOTION & PRINT.	42,582.	28,699.	13,883.	
REPAIRS & MAINT.	190,659.		190,659.	
UTILITIES	209,435.		209,435.	
PARKING	101,259.		101,259.	
INSURANCE	22,346.		22,346.	
CONCESSIONS	10,482.		10,482.	
PROFESSIONAL FEES	12,045.		12,045.	
CONTRACTUAL SERVICES	4,051.		4,051.	
BAD DEBT EXPENSE	1,550.		1,550.	
MISCELLANEOUS	24,870.		24,870.	
FUNDRAISING	94,894.			94,894.
SPECIAL EVENTS	34,041.	34,041.		
TOTALS	748,214.	62,740.	590,580.	94,894.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDED FOR THE SUPPORT, CONDUCT, AND MAINTENANCE OF PERFORMANCES, PROGRAMS, AND EXHIBITS IN MUSIC, DRAMATICS, THE ARTS AND RELATED FIELDS FOR THE BENEFIT OF THE PEOPLE OF THE GREATER CANTON AREA AND ADVANCE THE PUBLIC EDUCATION THEREIN AND APRECIATION THEREOF.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: PLAYER'S GUILD

BEGINNING BALANCE DUE	8,000.
ENDING BALANCE DUE	8,000.
TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	8,000.
TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	8,000.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
U.S. GOV'T & AGENCY OBLIGATIONS	3,395,721.
CORPORATE BONDS	5,037,421.
COMMON STOCK	4,920,472.
PREFERRED STOCK	205,586.
TOTALS	13,559,200.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
PUBLICALLY TRADED LIMITED PARTNERSHIP SHARES	237,984.
TOTALS	237,984.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	ACCUMULATED DEPRECIATION DETAIL BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LAND	L		1,240,989		1,240,989				
EQUIPMENT		1,233,289			1,233,289	855,253	86,699		941,952
BUILDING		12796860			12796860	6,621,007	336,394		6,957,401
TOTALS		14030149			15271138	7,476,260			7,899,353

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	5,272.
ACCRUED INTEREST & DIVIDEND	160,443.
TOTALS	165,715.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
REIMBURSEMENT OF SHARED OPERATING EXPENSES	279,384.
RENTAL EXPENSES	-9,886.
TOTAL	269,498.

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
REIMBURSEMENT OF SHARED OPERATING EXPENSES	279,384.
RENTAL EXPENSES	-9,886.
TOTAL	269,498.

STATEMENT 16

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
RICHARD CROASDAILE 2624 DUNKEITH DRIVE CANTON, OH 44708	VICE PRES 1 2 HRS/WEEK		
MARILYN JONES 1020 BROAD AVE. NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		
SHEILA MARKLEY 2927 BRENTWOOD ROAD NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		
JANE M. TIMKEN 6559 HILLS & DALES ROAD, NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		
SALLIE BALLANTINE 5351 ST. ANDREWS NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		
JUDITH LATTAVO 2465 STRATHMORE DR. NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		
VITAS STUKAS 4530 FRAZER AVE. NW CANTON, OH 44709	TRUSTEE 2 HRS/WEEK		
ROD J. RUBBO N. CANTON, OH 44721	EXEC DIR 40 HR/WEEK	75,293.	3,765.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
MICHAEL P. GILL 4121 BRAMSHAW NW CANTON, OH 44718	TRUSTEE 2 HRS/WEEK		
CAROLE SAVASTANO 2436 BRENTWOOD NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		
JOSEPH HALTER 5100 ST. ANDREWS STREET NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		
NANCY MCPEEK 7405 BRUSHMORE AVE. NW NORTH CANTON, OH 44720	TRUSTEE 2 HRS/WEEK		
JOHN WERREN 4722 GREENBRIAR SQ. NE CANTON, OH 44714	TRUSTEE 2 HRS/WEEK		
CHRISTINE E KRUMAN 3278 STILLWATER AVE. NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		
LORI LAPP 1671 ASHLEY AVE. NE NORTH CANTON, OH 44720	TRUSTEE 2 HRS/WEEK		
HARRY C.C. MACNEALY 2705 DUNKEITH DRIVE, NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
TIMOTHY PUTMAN 1486 ALEXANDRIA PKWY., SW CANTON, OH 44709	TRUSTEE 2 HRS/WEEK		
BOB DRESSEL 2333 OLD ELM ST. NE NORTH CANTON, OH 44721	TRUSTEE 2 HRS/WEEK		
JACK HAWK 27 - 16TH ST. NW CANTON, OH 44720	TRUSTEE 2 HRS/WEEK		
DEAN JOLLAY 2463 BRENTWOOD ROAD, NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		
WALDEN O'DELL 1800 PERRY DR. NW CANTON, OH 44708	TRUSTEE 2 HRS/WEEK		
NATE POPE 7785 CHERYL LANE NW MASSILLON, OH 44646	TRUSTEE 2 HRS/WEEK		
RICHARD PRYCE 2713 RADFORD NW NORTH CANTON, OH 44720	TRUSTEE 2 HRS/WEEK		
	GRAND TOTALS	75,293.	3,765.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93B	REIMBURSED OPERATING EXPENSES REPRESENT THE REIMBURSEMENT OF UTILITIES, HOSPITALIZATION, AND NEWSLETTER PAYMENTS INITIALLY MADE BY THE CULTURAL CENTER ON BEHALF OF THE VARIOUS EXEMPT ORGANIZATIONS IT SUPPORTS. THESE ORGANIZATIONS INCLUDE THE CANTON ART INSTITUTE, CANTON BALLET, CANTON CIVIC OPERA AND CANTON PLAYERS GUILD. THE EXPENSES REIMBURSED ARE ESSENTIAL EXPENSES FOR THE OPERATION OF THESE EXEMPT ORGANIZATIONS WHICH UTILIZE THE CULTURAL CENTER FACILITIES.

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041 (or Form 5227). See the separate instructions for Form 1041 (or Form 5227)

OMB No 1545-0092

2000

Name of estate or trust

CULTURAL CENTER FOR THE ARTS

Employer identification number

34-6609771

Note. *Form 5227 filers need to complete only Parts I and II*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example 100 shares 7% preferred of "Z Co)	(b) Date acquired (mo day, yr)	(c) Date sold (mo , day yr)	(d) Sales price	(e) Cost or other basis (see page 27)	(f) Gain or (Loss) (col (d) less col (e))
1						

2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 1999 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss)** Combine lines 1 through 4 in column (f) Enter here and on line 14 below ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example 100 shares 7% preferred of 'Z' Co)	(b) Date acquired (mo day yr)	(c) Date sold (mo day yr)	(d) Sales price	(e) Cost or other basis (see page 27)	(f) Gain or (Loss) (col (d) less col (e))	(g) 28% Rate Gain or (Loss) *(see instr below)
6							
	SEE STATEMENT 1			3,398,263.	2,882,534.	515,729.	NONE

7	*Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824*	7		
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8		
9	Capital gain distributions	9		
10	Gain from Form 4797, Part I	10		
11	Long-term capital loss carryover Enter in both columns (f) and (g) the amount, if any, from line 14, of the 1999 Capital Loss Carryover Worksheet	11	( )	( )
12	Combine lines 6 through 11 in column (g)	12		
13	**Net long-term gain or (loss)** Combine lines 6 through 11 in column (f) Enter here and on line 15 below ▶	13	515,729.	

***28% rate gain or loss** includes all "collectibles gains and losses" (as defined on page 28 of the instructions) and up to 50% of the eligible gain on qualified small business stock (see page 26 of the instructions)

Part III Summary of Parts I and II

			(1) Beneficiaries' (see page 28)	(2) Estate's or trust's	(3) Total
14	**Net short-term gain or (loss)** (from line 5 above)	14			
15	**Net long-term gain or (loss):**				
a	28% rate gain or (loss) (from line 12 above)	15a			
b	Unrecaptured section 1250 gain (see line 17 of the worksheet on page 29)	15b			
c	Total for year (from line 13 above)	15c			515,729.
16	**Total net gain or (loss)** Combine lines 14 and 15c ▶	16			515,729.

Note *If line 16, column (3) is a net gain enter the gain on Form 1041, line 4 If lines 15c and 16, column (2) are net gains, go to Part V and do not complete Part IV If line 16, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary*

Part IV Capital Loss Limitation

17	Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of a The loss on line 16, column (3) **or** b $3,000	17	( )

*If the loss on line 16, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 30 of the instructions to determine your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part **only** if both lines 15c and 16 in column (2) are gains, and Form 1041, line 22 is more than zero)

18	Enter taxable income from Form 1041, line 22			18	
19	Enter the **smaller** of line 15c or 16 in column (2)	19			
20	If you are filing Form 4952, enter the amount from Form 4952, line 4e	20			
21	Subtract line 20 from line 19 If zero or less, enter -0-	21			
22	Combine lines 14 and 15a, column (2) If zero or less, enter -0-	22			
23	Enter the **smaller** of line 15a, column (2), or line 22, but not less than zero	23			
24	Enter the amount from line 15b, column (2)	24			
25	Add lines 23 and 24	25			
26	Subtract line 25 from line 21 If zero or less enter -0-			26	
27	Subtract line 26 from line 18 If zero or less, enter -0-			27	
28	Enter the **smaller** of line 18 or $1,750	28			
29	Enter the **smaller** of line 27 or line 28	29			
30	Subtract line 21 from line 18 If zero or less, enter -0-	30			
31	Enter the **larger** of line 29 or line 30 ▶	31			
32	Tax on amount on line 31 from the 2000 Tax Rate Schedule			32	
	Note. *If the amounts on lines 28 and 29 are the same, skip lines 33 through 36 and go to line 37*				
33	Enter the amount from line 28	33			
34	Enter the amount from line 27	34			
35	Subtract line 34 from line 33 If zero or less, enter -0- ▶	35			
36	Multiply line 35 by 10% (10)			36	
	Note *If the amounts on lines 18 and 28 are the same, skip lines 37 through 50 and go to line 51*				
37	Enter the **smaller** of line 18 or line 26	37			
38	Enter the amount from line 35	38			
39	Subtract line 38 from line 37 ▶	39			
40	Multiply line 39 by 20% (20)			40	
	Note *If line 25 is zero or blank skip lines 41 through 50 and go to line 51*				
41	Enter the **smaller** of line 21 or line 24	41			
42	Add lines 21 and 31	42			
43	Enter the amount from line 18	43			
44	Subtract line 43 from line 42 If zero or less, enter -0-	44			
45	Subtract line 44 from line 41 If zero or less, enter -0- ▶	45			
46	Multiply line 45 by 25% (25)			46	
	Note *If line 23 is zero or blank, skip lines 47 through 50 and go to line 51*				
47	Enter the amount from line 18	47			
48	Add lines 31, 35, 39, and 45	48			
49	Subtract line 48 from line 47	49			
50	Multiply line 49 by 28% (28)			50	
51	Add lines 32, 36, 40, 46, and 50			51	
52	Tax on the amount on line 18 from the 2000 Tax Rate Schedule			52	
53	**Tax on all taxable income (including capital gains)** Enter the **smaller** of line 51 or line 52 here and on line 1a of Schedule G, Form 1041			53	

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
UNITED NATIONAL BANK	VAR	VAR	1,516,667.	1,309,887.	206,780.
KEYBANK FUND A & B	VAR	VAR	1,881,596.	1,572,647.	308,949.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			3,398,263.	2,882,534.	515,729.
Totals			3,398,263.	2,882,534.	515,729.