

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2001

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2001 calendar year, or tax year beginning

JUL 01, 2001, and ending

JUN 30, 2002

B Check if applicable

Address change

Name change

Initial return

Final return

Amended return

Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization, number and street, city, town, state, and ZIP code
CLEVELAND PUBLIC THEATRE, INC.6415 DETROIT AVENUE
CLEVELAND OH 44102D Employer identification number
34-1359225E Telephone number
216-281-3535F Acctg method ☐ Cash ☒ Accrual
☐ Other (specify) ▶

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

G Web site ▶

J Organization type (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H & I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

M Check ☐ if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,195,662.

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

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a 676,769.

b Indirect public support

1b

c Government contributions (grants)

1c 206,214

d Total (add lines 1a through 1c) (cash \$ 882,983. noncash \$)

1d 882,983.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 290,684.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5 1,157.

6a Gross rents

6a 20,838.

b Less rental expenses

6b 14,375.

c Net rental income or (loss) (subtract line 6b from line 6a)

6c 6,463.

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis & sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c columns (A) and (B))

8d

9 Special events and activities (attach schedule)

a Gross revenue (not including contributions reported on line 1a) of

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

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 1,181,287.

13 Program services (from line 44, column (B))

13 846,632.

14 Management and general (from line 44, column (C))

14 183,072.

15 Fundraising (from line 44, column (D))

15 85,846.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 1,115,550.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 65,737

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 940,539.

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

20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 1,006,276.

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

FILMED FEB 26 2003

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A S M C M M

RECEIVED
FEB 14 2003
OGDEN, UT

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.)

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 \$ _____ noncash \$ _____)	22			
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 40450.	28315.	4045.	8090.
26 Other salaries and wages	26 289111.	192861.	57557.	38693.
27 Pension plan contributions	27			
28 Other employee benefits	28 32287.	24452.	5546.	2289.
29 Payroll taxes	29 37262.	25008.	6965.	5289.
30 Professional fundraising fees	30			
31 Accounting fees	31 24763.		24763.	
32 Legal fees	32			
33 Supplies	33 10473.	655.	9773.	45.
34 Telephone	34 5814.	3271.	2279.	264.
35 Postage and shipping	35			
36 Occupancy	36 27681.	17124.	9406.	1151.
37 Equipment rental and maintenance	37 13284.	8448.	4155.	681.
38 Printing and publications	38			
39 Travel	39 2692.	2037.	402.	253.
40 Conferences, conventions and meetings	40			
41 Interest	41 18797.	701.	18096.	
42 Depreciation, depletion, etc (attach schedule)	42	34057.	1285.	801.
43 Other expenses not covered above (itemize) a SEE STMT	43a 576793.	509703.	38800.	28290.
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 1079407.	846632.	183072.	85846

Joint Costs. Check ☒ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) 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)What is the organization's primary exempt purpose? **ARTS PRESENTATION & ED.**

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) & (4) orgs. & 4947(a)(1) trusts but optional for others)**a PRESENTATION OF THEATRE ART PRODUCTIONS**

(Grants and allocations \$ _____) 567243.

b EDUCATION IN THE THEATRE ARTS

(Grants and allocations \$ _____) 279389.

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)

846632

Part IV Balance Sheets (See Specific Instructions)

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
A S S E T S	45	Cash -- non-interest-bearing		105,100.	45	3,380.
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a 20,427.			
	b	Less allowance for doubtful accounts	47b	31,189.	47c	20,427
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable		21,874.	49	278,055.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		732.	53	470.
	54	Investments -- securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments -- land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments -- other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a 1,401,005.				
b	Less accumulated depreciation (attach schedule)	57b 221,761.	1,090,992.	57c	1,179,244.	
58	Other assets (describe ► DUE FROM UNRESTRICTED)			58	66,952	
59	Total assets (add lines 45 through 58) (must equal line 74)		1,249,887.	59	1,548,528.	
L I A B I L I T I E S	60	Accounts payable and accrued expenses		2,248	60	121,103.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		41,500.	63	41,500.
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)		265,600.	64b	312,697.
	65	Other liabilities (describe ► DUE TO UNRESTRICTED)			65	66,952
66	Total liabilities (add lines 60 through 65)		309,348.	66	542,252.	
N E T A S S E T S F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		798,339.	67	657,889
	68	Temporarily restricted		142,200.	68	348,387.
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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, column (B) must equal line 21)		940,539	73	1,006,276
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		1,249,887.	74	1,548,528.

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 VI Other Information (See Specific Instructions)

	Yes	No
76 Did organization engage in any activity not previously reported to IRS? If "Yes," attach 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 <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt	81a	
81a Enter direct or indirect political expenditures. See line 81 instructions	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 in Part III.)	82b	
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	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b	
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	
89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911: _____ section 4912: _____, section 4955: _____		
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		
d Enter Amount of tax on line 89c, above, reimbursed by the organization		
90a List the states with which a copy of this return is filed: OH		
b Number of employees employed in the pay period that includes March 12, 2001 (See instructions.)	90b	17
91 The books are in care of: JAMES LEVIN Telephone no: 216-631-2727 Located at: 6415 DETROIT AVENUE, CLEVELAND OH ZIP + 4: 44102		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a BOX OFFICE					140,731.
b FEES					123,900
c CONCESSIONS					16,477
d RENTALS					9,576.
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments					
96 Dividends & interest from securities					1,157.
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	6,463.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit/(loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		6,463.			291,841.
105 Total (add line 104, columns (B), (D), and (E))					298,304.

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)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93 (a)	Educational and cultural programs.
93 (b)	" "
93 (c)	" "
93 (d)	" "

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

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

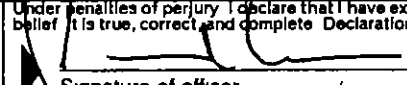
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

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

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

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

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

Please Sign  Date 12/10/03

Executive Director

Date 02/08/2003 Check if self-employed ☒ Preparer's SSN or PTIN (See Gen. Inst. W) 350-40-8680

Department of the Treasury
Internal Revenue Service

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

2001

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

Name of the organization

CLEVELAND PUBLIC THEATRE, INC.

Employer identification number

34-1359225

Part I

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

(See 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 empl benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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		

Part III Statements About Activities (See the instructions)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **▶ \$** _____ (Must equal amount on line 38 Part VI-A, or line I of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a 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?

2e X

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 X

- 4** Do you have a section 403(b) annuity plan for your employees?

4 X

Note: 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

Part IV Reason for Non-Private Foundation Status (See the instructions)

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

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) 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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	745,044.	577,287.	541,695.	388,590.	2,252,616
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	545,724.	234,039.	209,146.	157,377	1,146,286.
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	1,532.	2,051.	172.	2.	3,757.
19 Net income from unrelated business activities not included in line 18	(2,241.)	(1,759.)			(4,000.)
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	1,290,059.	811,618.	751,013.	545,969.	3,398,659.
24 Line 23 minus line 17	744,335.	577,579.	541,867.	388,592.	2,252,373.
25 Enter 1% of line 23	12,901.	8,116.	7,510.	5,460.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	45,047.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	2,252,373.
d Add: Amounts from column (e) for lines 18 3,757. 19 (4,000.) 22		26d	(243.)
e Public support (line 26c minus line 26d total)		26e	2,252,616
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	100.00 %

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2000) _____ (1999) _____ (1998) _____ (1997) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2000) _____ (1999) _____ (1998) _____ (1997) _____

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

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**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 --		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is --		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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
(For reporting only by organizations that did not complete Part VI-A) (See 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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations seminars, conventions speeches, lectures, or any other means
- 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

Yes	No	Amount

CLEVELAND PUBLIC THEATRE, INC
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<u>NAME AND ADDRESS</u>	<u>TITLE/ HOURS</u>	<u>COMPENSATION</u>	<u>BENEFITS</u>	<u>EXPENSE ACCOUNT</u>
DAVIDA HOWARD 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
JACKIE KRUPP 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
TAYYAB MAHMUD 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
YOUNG PARK 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
DANIEL PETRICIG 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
JEFF RAMSEY 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
SVETLANA SCHREIBER 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
MARIE TOLEDO 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-

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PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEEES

<u>NAME AND ADDRESS</u>	<u>TITLE/ HOURS</u>	<u>COMPENSATION</u>	<u>BENEFITS</u>	<u>EXPENSE ACCOUNT</u>
GEORGE CARR 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	PRESIDENT/ AS REQUIRED	-0-	-0-	-0-
JILLIAN DAVIS 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	VICE PRESIDENT/ AS REQUIRED	-0-	-0-	-0-
CINDY GRAYCAR 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	SECRETARY/ AS REQUIRED	-0-	-0-	-0-
ANN ROWLETT 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TREASURER/ AS REQUIRED	-0-	-0-	-0-
JAMES LEVIN 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	EXECUTIVE DIR / 40 + HOURS	\$40,450	\$6,000	-0-
DAGMAR CELESTE 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
JANIS FAEHNRICH 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
MARIE GROSSMAN 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
PAT GRAY 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-
BUCK HARRIS 6415 DETROIT AVENUE CLEVELAND, OHIO 44102	TRUSTEE/ AS REQUIRED	-0-	-0-	-0-

continued

Mortgages and Other Notes Payable as of Year End**US 990****990: Page 3, Line 64b; 990-PF: Page 2, Line 21****2001**

Lender's Name and Title and Relationship to Any Officer Director or Other Disqualified Person	Repayment Terms, Interest Rate, Security Provided, Loan Purpose, Description and FMV of the consideration	Original Amount of Note	Balance Due	Date of Note	Maturity Date
CITY OF CLEVE.	240 MOS./3%/BLDG.	100,000.	93,017	06/29/1983	07/01/2020
INSKEEP-FOX	120 MOS/5%/BLDG.	60,000	47,680.	12/03/1999	01/01/2010
NATIONAL CITY	9%/THEATRE ASSETS	97,000.	97,000.	01/14/2001	
NATIONAL CITY	60 MOS/8.75%/BLDG	75,000.	75,000	06/01/2001	06/30/2006
		332,000.	312,697.		

Loans from Officers, Directors, Trustees, and Other Disqualified Persons as of Year End

US 990

990: Page 3, Line 63; 990-PF: Page 2, Line 20

2001

Lender's Name and Title	Repayment Terms, Interest Rate Security Provided, Loan Purpose, Description and FMV of the consideration	Original Amount of Note	Balance Due	Date of Note	Maturity Date
JAMES LEVIN ARTISITIC DIR.	NONE	41,500.	41,500.	06/30/1995	
		41,500.	41,500.		

US 990

Other Functional Expenses: Page 2, Line 43

2001

Description of the Asset	Total	Program Services	Management and General	Fundraising
ARTISTIC STIPENDS	180,744.	180,618.	126.	
EDUCATIONAL STIPENDS	137,438.	137,438.		
ADVERTISING	118,512.	113,569.	2,801.	2,142.
COSTUMES, SETS, PROPS..	60,113.	58,864.	1,249.	
ADMINISTRATIVE STIPEND	46,131.	9,669.	13,324.	23,138.
MAINTENANCE & REPAIR	7,164.	1,456.	5,708.	
HOUSE & CONCESSIONS	7,222.	585.	6,530.	107.
INSURANCE	5,142.	3,005.	1,832.	305.
DUES AND MEMBERSHIPS	4,509.		4,509.	
DEVELOPMENT	3,834.	25.	2,071.	1,738.
OTHER	5,984.	4,474.	650.	860.
	576,793.	509,703.	38,800.	28,290.

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - 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 of 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 ☐

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 File by the due date for filing your return. See instructions	Name of Exempt Organization CLEVELAND PUBLIC THEATRE, INC.	Employer identification number 34-1359225
	Number, street, and room or suite no. If a P O box, see instructions 6415 DETROIT AVENUE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions CLEVELAND OH 44102	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> 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 **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 **02/15/2003**
to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year 20 _____ or
► ☒ tax year beginning **JUL 01, 20 01** and ending **JUN 30, 20 02**
- 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 ►

CPA

Date ►

11/03/02

For Paperwork Reduction Act Notice, see instructions

Form **8868** (12-2000)