

Return of Organization Exempt From Income Tax

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

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning SEP 1, 2003 **and ending** AUG 31, 2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization PHILADELPHIA THEATRE COMPANY Number and street (or P O. box if mail is not delivered to street address) Room/suite 23 S. 15TH STREET 4TH FLOOR City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19102	D Employer identification number 23-1951753 E Telephone number 2159851400 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and 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? N/A Yes No (If "No," attach a list)

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

I Group Exemption Number ▶

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

G Website: ▶ WWW.PHILLYTHEATRECO.COM

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,945,062.

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

	Description			
Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	900,190.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	53,045.	
	d Total (add lines 1a through 1c) (cash \$ <u>953,235.</u> noncash \$ _____)	1d		953,235.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		872,931.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		82.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
b Less rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶ _____)	7			
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis and sales expenses	8a	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) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (including \$ <u>0.</u> of contributions reported on line 13)	9a	77,382.	
	b Less direct expenses other than fundraising expenses	9b	22,557.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		54,825.
	d 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		41,432.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,922,505.	
13 Program services (from line 44, column (B))	13		1,470,339.	
14 Management and general (from line 44, column (C))	14		282,993.	
15 Fundraising (from line 44, column (D))	15		226,269.	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		1,979,601.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-57,096.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,002,087.	
20 Other changes in net assets or fund balances (attach explanation)	20		0.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		944,991.	

RECEIVED
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SCANNED MAR 22 2005
 Net Assets

PHILADELPHIA THEATRE COMPANY

23-1951753

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

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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	69,871.	33,538.	36,333.	0.
26	Other salaries and wages	747,700.	481,919.	135,409.	130,372.
27	Pension plan contributions				
28	Other employee benefits	27,059.	18,640.	6,211.	2,208.
29	Payroll taxes	67,834.	46,729.	15,569.	5,536.
30	Professional fundraising fees				
31	Accounting fees	8,500.		8,500.	
32	Legal fees				
33	Supplies	23,318.	19,649.		3,669.
34	Telephone	12,976.	10,848.		2,128.
35	Postage and shipping	7,995.		6,375.	1,620.
36	Occupancy	44,945.	37,574.		7,371.
37	Equipment rental and maintenance				
38	Printing and publications	20,283.	20,283.		
39	Travel	20,625.	9,652.	10,973.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	39,460.		39,460.	
43	Other expenses not covered above (itemize).				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 2	889,035.	791,507.	24,163.	73,365.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,979,601.	1,470,339.	282,993.	226,269.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
TO PRESENT THEATRE PRODUCTIONS	
a MAINSTAGE THEATRE PRODUCTIONS: PLAYS PRODUCED BY THE PHILADELPHIA THEATRE COMPANY FOR THE GENERAL PUBLIC	
(Grants and allocations \$ _____)	1,470,339.
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)	1,470,339.

Part IV Balance Sheets

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	669,448.	45	399,599.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 585,251.		
	b Less allowance for doubtful accounts	47b	47c	585,251.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	163,411.	53	161,769.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a 506,978.		
	b Less accumulated depreciation	55b 168,822.	55c	338,156.
56 Investments - other	SEE STATEMENT 3	56	51,014.	
57 a Land, buildings, and equipment basis	57a			
b Less accumulated depreciation	57b	57c		
58 Other assets (describe SECURITY DEPOSITS)		58	4,047.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,549,509.	59	1,539,836.	
Liabilities	60 Accounts payable and accrued expenses	62,709.	60	152,296.
	61 Grants payable		61	
	62 Deferred revenue	484,713.	62	442,549.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	547,422.	66	594,845.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	-110,685.	67	-49,692.
	68 Temporarily restricted	1,112,772.	68	994,683.
	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)	1,002,087.	73	944,991.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,549,509.	74	1,539,836.	

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		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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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?	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 34,680.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 on line 85f? N/A		
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? N/A		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable 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		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed PENNSYLVANIA		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 10		
91	The books are in care of MANAGEMENT Telephone no 215-985-1400		
	Located at CORPORATE ADDRESS ZIP + 4 19102		
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 page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a SUBSCRIPTIONS- NET					557,569.
b TICKET SALES					315,362.
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	82.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from 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					54,825.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a PRODUCTION ROYALTIES					30,616.
b CONCESSIONS					3,816.
c MISCELLANEOUS					7,000.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		82.	969,188.
105 Total (add line 104, columns (B), (D), and (E))					969,270.

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 page 34 of the 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)
▼	SEE STATEMENT 4

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (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).

Under penalty 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. I am aware that anyone who furnishes false or misleading information on a tax return or who omits material or information on a tax return is guilty of tax evasion, fraud, or willful neglect or disregard of the tax laws, and may be subject to criminal sanctions (including fines and imprisonment) and/or civil penalties.

Date: 3/2/05
 Type or print name and title: SARA E. GARONZIK, Producing Artists Director

Date	Check if self-	Preparer's SSN or PTIN
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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

2003

Name of the organization **PHILADELPHIA THEATRE COMPANY** Employer identification number **23 1951753**

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
JAMES LYNES -----	ADMIN 40	54,964.		
BRUCE CHARLICK -----	CAP CAMPAIGN 40	52,880.		

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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 ▶	0	

Part III Statements About Activities (See page 2 of 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 amounts on line 38, Part VI-A, or line i of Part VI-B) 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		X
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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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.)
 - 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 6 of the instructions)

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(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/>			
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>			
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? 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 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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													
		N/A														
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 -															
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> <td></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> <td rowspan="5">} 41</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -		Not over \$500,000	20% of the amount on line 40	} 41	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	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	
If the amount on line 40 is -	The lobbying nontaxable amount is -															
Not over \$500,000	20% of the amount on line 40	} 41														
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															
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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
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.)			0.

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

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	77,382.		77,382.	22,557.	54,825.
TO FM 990, PART I, LINE 9	77,382.		77,382.	22,557.	54,825.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ARTISTS' BENEFITS	36,504.	36,504.		
THEATRE RENTAL	97,303.	97,303.		
BOX OFFICE EXPENSE	12,500.	12,500.		
ARTISTS' HOUSING	65,591.	65,591.		
GUEST ARTISTS				
ROYALTIES	57,986.	57,986.		
MISCELLANEOUS				
ARTISTIC EXPENSE	60,218.	60,218.		
PA YOUNG				
PLAYWRIGHT'S				
FESTIVAL	6,650.	6,650.		
MATERIALS	141,339.	141,339.		
AUDITIONS	11,400.	11,400.		
MARKETING	182,702.	182,702.		
OPENING NIGHT				
PARTIES	1,154.			1,154.
CAMPAIGNS	3,145.			3,145.
TELEFUNDING	3,872.			3,872.
UTILITIES - OFFICE	6,701.	5,602.		1,099.
STORAGE	3,474.	2,904.		570.
INSURANCE	35,536.	33,005.		2,531.
MEMBERSHIP EXPENSE	8,432.		8,432.	
CREDIT CARD CHARGES	31,568.	31,568.		
DATA PROCESSING	4,295.	3,591.		704.
MISCELLANEOUS	43,099.	35,007.	5,731.	2,361.
STAGES	7,637.	7,637.		
CAPITAL CAMPAIGN	57,929.			57,929.
BAD DEBT EXPENSE	10,000.		10,000.	
TOTAL TO FM 990, LN 43	889,035.	791,507.	24,163.	73,365.

FORM 990 OTHER INVESTMENTS STATEMENT 3

DESCRIPTION	VALUATION METHOD	AMOUNT
TERM CASH RESERVE	COST	51,014.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		51,014.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 4

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	REVENUE PRODUCING ACTIVITIES WHICH HELP TO COVER THE COSTS INCURRED TO PROVIDE THEIR EXEMPT ACTIVITIES TO THE PUBLIC
93B	REVENUE PRODUCING ACTIVITIES WHICH HELP TO COVER THE COSTS INCURRED TO PROVIDE THEIR EXEMPT ACTIVITIES TO THE PUBLIC
101	VARIOUS ACTIVITIES WHICH HELP GENERATED PUBLIC AWARENESS OF THE ORGANIZATION WHILE GENERATING ADDITIONAL SUPPORT NEEDED TO PROVIDE THEIR EXEMPT ACTIVITIES TO THE GENERAL PUBLIC
103	SUPPORT RECEIVED TO ASSIST IN THE COSTS RELATED TO PRODUCTION

SCHEDULE A OTHER INCOME STATEMENT 5

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
PRODUCTION ROYALTIES	39,212.	29,500.	64,033.	10,435.
CONCESSIONS	2,753.	2,316.	4,789.	1,824.
MISCELLANEOUS	600.	4,877.	966.	924.
RAFFLES	0.	19,125.	0.	0.
FRINGE FESTIVAL	0.	3,522.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	42,565.	59,340.	69,788.	13,183.

Depreciation and Amortization 990
(Including Information on Listed Property)

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PHILADELPHIA THEATRE COMPANY

FORM 990 PAGE 2

23-1951753

Part I Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See instructions for a higher limit for certain businesses	100,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	400,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003	35,387.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		2,230.	3	MM	SL	268.
b 5-year property		63,689.	5	MM	SL	3,286.
c 7-year property		2,257.	7	MM	SL	296.
d 10-year property		22,515.	10	MM	SL	223.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	39,460.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use?			

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year:					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

PBC

PHILADELPHIA THEATRE COMPANY BOARD OF DIRECTORS

<p>Marilyn Birnhak (birthday: 3/15)</p>	<p>191 Presidential Blvd. Bala Cynwyd, PA 19004 610-667-6300</p>	<p>Pres., Weight Watchers of Phila. 245 New York Drive Fort Washington, PA 19034 215-643-6363x151 215-628-0989 fx marilyn.birnhak@wwphl.com Asst.: Barb</p>
<p>Richard W. Burke, Jr. VP (Audience Development) (birthday: 6/30) (spouse: Tracy Daniel Burke, Psy.D.)</p>	<p>840 Bainbridge Drive West Chester, PA 19382 609-399-1631 609-399-1683 fx 609-217-4816 cell</p>	<p>Sr. Vice President, Cash Management Commerce Bank 6000 Atrium Way Mt. Laurel, NJ 08054 856-533-6565 856-533-1137 fx rburke@yesbank.com Asst: Denise Wythoff, 856-533-6566 dwythoff@yesbank.com</p>
<p>Michael Coleman VP (Board Development) (birthday: 12/28)</p>	<p>226 W. Rittenhouse Square, #2010 Philadelphia, PA 19103</p>	<p>President, Coleman Legal Two Penn Center, Ste. 1010 1535 JFK Blvd. Philadelphia, PA 19102 215-864-2700 215-864-2709 mcoleman@colemanlegal.com Asst.: Sally Ginsberg sginsberg@colemanlegal.com</p>
<p>Will Daniel (birthday:</p>	<p>215-416-5457 cell</p>	<p>Pres., Wilco Electronic Systems, Inc. 1035 Camphill Road Ft. Washington, PA 19034-2801 215-540-3930 215-540-3935 fx willdaniel@wilcoinc.com</p>
<p>Julia Ericksen, Ph.D. Public Image Chair (birthday:</p>	<p>401 West Allens Lane Philadelphia, PA 19119 215-242-8419 215-768-0928 cell</p>	<p>Department of Sociology Temple University Philadelphia, PA 19122 215-204-7979/8065 215-204-3352 fx Julia@temple.edu</p>
<p>Richard M. Fox (birthday: (spouse: Eileen) (w/anniv.11/23 – 26th in 04)</p>	<p>1061 Swallow Drive Cherry Hill, NJ 08003 856-795-6690 Home Office 856-795-9602 rmfox21@comcast.net</p>	<p>Managing Director Cross Atlantic Capital Partners Five Radnor Corporate Ctr., Ste. 555 100 Matsonford Road Radnor, PA 19087 610-995-2650 610-971-2062 fx rfox@xacp.com Asst: Karen Hopkins 610-971-6186 khopkins@xacp.com</p>
<p>Astrid J. Garcia (birthday:</p>		<p>Sr. VP Human Resources, Labor & Operations PNI, Inc. 400 N. Broad Street P.O. Box 8263 Philadelphia, PA 19101 215-854-4639 215-854-5105 fx ajgarcia@phillynews.com</p>

m-3

<p>Sara Garonzik Producing Artistic Director (birthday: 1/12)</p>	<p>920 Clinton Street, #2R Philadelphia, PA 19107 215-925-2341 215-680-3696 cell</p>	<p>Philadelphia Theatre Company 230 South 15th Street, 4th Floor Philadelphia, PA 19102 215-985-1400x107 215-985-5800 fx sgaronzik@phillytheatreco.com</p>
<p>Teresa Gavigan (birthday: 5/16)</p>	<p>239-B Hutchinson Street Philadelphia, PA 19107 215-923-3211 215-205-5153 cell</p>	<p>Director, Human Resources Sunoco, Inc. 1801 Market Street, 22nd Floor Philadelphia, PA 19103 215-977-3747 (lobby x3747) 215-246-8676 fx TGavigan@sunoco.com Asst.: Donna Hall 215-246-8820</p>
<p>Joanne Harmelin (birthday: 10/18)</p>	<p>103 Quaker Lane Villanova, PA 19085-1323 610-525-6156</p>	<p>CEO, Harmelin Media 525 Righters Ferry Road Bala Cynwyd, PA 19004 610-668-7900x105 610-668-9257 fx jharmelin@harmelin.com Asst.: Barbara Mills, x154</p>
<p>Linda Kaiser (birthday: (s.o.: Marc Conley)</p>	<p>2128 Fitzwater Street Philadelphia, PA 19146 215-840-4619 (cell)</p>	<p>Cozen O'Connor 1900 Market Street Philadelphia, PA 19103-3508 215-665-2099 215- fx lkaiser@cozen.com Asst: Joanne Murphy 215-665-2132</p>
<p>Kenneth Kaiserman Capital Committee Chair (birthday: 9/3)</p>	<p>Rittenhouse Claridge, #2601 Philadelphia, PA 19103 215-546-5083 (cell) 215-518-9084</p>	<p>Kaiserman Co., Inc. Rittenhouse Claridge #300 201 S. 18th Street Philadelphia, PA 19103 215-546-2665 x112 215-546-6828 fx 215-625-0300 (Bourse) kkaiserman@kaiserman.com Asst.: Augustine</p>
<p>Brian Katz Treasurer Finance Committee Chair (birthday: 9/6) (spouse: Jacqueline)</p>	<p>1 Autumnwood Lane Mt. Laurel, NJ 08054</p>	<p>Partner, Tax & Legal Services Pricewaterhouse Coopers, LLP Two Commerce Square 2001 Market St., Ste. 1700 Philadelphia, PA 19103-7042 267-330-6070 267-330-4125 fx brian.katz@us.pwcglobal.com Asst.: Elizabeth (Betsy) Carney, 267-330-2986 Elizabeth.e.carney@us.pwcglobal.com mkrug@phillytheatreco.com</p>
<p>Monika Krug* (*Director of Adm.) (birthday: 2/3)</p>	<p>244 Lenape Drive Berwyn, PA 19312-1849 610-240-7976 krugmonika@comcast.net</p>	<p>mkrug@phillytheatreco.com</p>
<p>Carol Clark Lawrence (former Deputy of Arts & Culture, City of Philadelphia) (birthday: 6/24) (spouse: Raymond)</p>	<p>1146 South Street Philadelphia, PA 19147 215-923-3686 carollawrence624@yahoo.com</p>	<p>215-585-4606</p>

<p>Dale Penneys Levy, Esq. VP (Project Committee Chair)</p> <p>(birthday: 9/10) (spouse: Richard)</p>	<p>2038 Pine Street Philadelphia, PA 19103 215-735-0296 215-546-1409 fx Beach house: 609-487-8881 penneyslevy@hotmail.com</p>	
<p>Robin A. Palley</p> <p>(birthday: 9/12)</p>	<p>1924 Mt. Vernon Street Philadelphia, PA 19130-3214 215-235-3814 215-232-5182 fx 267-205-0848 cell robpalley@aol.com</p>	<p>Dir., Alumni Initiatives & Direct Mktg. Big Brothers Big Sisters of America 230 N. 13th Street Philadelphia, Pa. 19107 215-665-7745 www.bbbsa.org</p>
<p>E. Gerald Riesenbach, Esq. President</p> <p>(birthday:)</p>	<p>627 Lindy Lane Bala Cynwyd, PA 19004 610-667-1133 egcries@aol.com</p>	<p>Senior Partner Cozen O'Connor 1900 Market Street Philadelphia, PA 19103-3508 215-665-4159 215-701-2459 fx GRiesenbach@cozen.com Asst.: Denise 215-665-4674 dberry@cozen.com</p>
<p>Don Rosenblit Ch. Emeritus</p> <p>(birthday: 9/27)</p>	<p>2 Independence Place, #1501 233 S. 6th Street Philadelphia, PA 19106 215-925-2479 215-925-2444 fx donblit@aol.com 215-815-0830 cell</p>	
<p>Carol Saline Secretary</p> <p>(birthday: 5/19) (partner: Paul Rathblott)</p>	<p>Rittenhouse Plaza 1901 Walnut Street, #2105 Philadelphia, PA 19103-4645 215-977-7879 215-977-7659 fx 215-868-4943 cell</p>	<p>csaline@Phillymag.com</p>
<p>David A. Schwartz</p> <p>(birthday:)</p>	<p>1836 Delancey Street, #2F Philadelphia, PA 19103 215-567-3228 215-704-1133 cell davidsch21@aol.com</p>	<p>Sophy Curson 122 S. 19th Street Philadelphia, PA 19103-4668 215-567-4662</p>
<p>Elliot Schwartz</p> <p>(birthday:)</p>	<p>7360 Huron Lane Philadelphia, PA 19119 215-247-9580 art@carolschwartzgallery.com ESchwa214@aol.com (Alt)</p>	<p>Carol Schwartz Gallery 101 Bethlehem Pike Philadelphia, PA 19118 215-242-4510</p>
<p>Anita I. Steen VP (Special Events)</p> <p>(birthday: 5/21)</p>	<p>115 Bainbridge Street Philadelphia, PA 19147 215-440-9023 267-250-1591 cell ... 5901 Ventnor Avenue Ventnor, NJ 08406 609-823-2994</p>	<p>Steen Outdoor Advertising 3201 S. 26th Street Philadelphia, PA 19145 215-952-3535 215-755-6955 fx anitas@steen.com www.steen.com</p>

<p>Sheldon L. Thompson Chairman (Development Chair)</p> <p>(birthday: 10-7) (spouse: Karen)</p>	<p>66 Clayton Park Drive Glen Mills, PA 19342-1527 610-459-4182 tel/fx 610-742-0179 cell slkbthompson@comcast.net</p>	
<p>Harriet Weiss VP (Revenue Enhancement)</p> <p>(birthday:</p>	<p>1536 Washington Lane Rydal, PA 19046 215-884-4185 215-292-1342 cell 215-480-6240 carphone ... The Rittenhouse, #2501 Philadelphia, PA</p>	<p>CRW Graphics 9100 Pennsauken Highway Pennsauken, NJ 08110 800-820-3000 856-665-1789 fx hweiss@crwgraphics.com Asst.: Dee Spata, x204</p>
<p>Tracey B. Weiss, Ph. D.</p> <p>(birthday: 8/26)</p>	<p>215-922-1945 traceyweiss@erols.com</p>	<p>Tracey Weiss Associates 737 South 2nd Street Philadelphia, PA 19147-3424 215-925-4111 215-922-6166 fx traceyweissassociates@comcast.net</p>

Application for Extension of Time To File an Exempt Organization Return

▶ 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 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
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 PHILADELPHIA THEATRE COMPANY	Employer identification number 23-1951753
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 23 S. 15TH STREET 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19102	

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 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 APRIL 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning SEP 1, 2003, and ending AUG 31, 2004

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. \$ N/A

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 ▶ A Stephen Lora Title ▶ CPA Date ▶ 1/13/05

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)