Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 07/01 , 2003, and ending 06/30/2004

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
CULTURAL CENTER FOR THE ARTS

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

City or town, state or country, and ZIP + 4
CANTON, OH 44702

D Employer identification number
34-6609771

E Telephone number
(330) 452-4096

F Accounting method: [ ] Cash [X] 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 Website: ▶ N/A

H *and I are not applicable to section 527 organizations*

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

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

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

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

J Organization type (check only one) ▶ [X] 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.**

I Group Exemption Number ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,577,564.

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

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received. STMT 1				
a	Direct public support	1a	1,154,828.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash $ 1,154,828. noncash $)			1d	1,154,828.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	304,544.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	7,678.
5	Dividends and interest from securities			5	616,207.
6a	Gross rents	6a	89,225.		
b	Less rental expenses	6b	9,697.		
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	79,528.
7	Other investment income (describe ▶)			7	
8a	Gross amount from sales of assets other than inventory — (A) Securities	8a	3,189,894.		
b	Less cost or other basis and sales expenses	8b	3,013,011.		
c	Gain or (loss) (attach schedule)	8c	176,883.		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	176,883.
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ [ ]				
a	Gross revenue (not including $ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	215,188.
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2,554,856.
13	Program services (from line 44, column (B))			13	787,355.
14	Management and general (from line 44, column (C))			14	1,587,723.
15	Fundraising (from line 44, column (D))			15	109,518.
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses** (add lines 16 and 44, column (A))			17	2,484,596.
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	70,260.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	22,644,481.
20	Other changes in net assets or fund balances (attach explanation) STMT 6.			20	-19,784.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	22,694,957.

Expenses

Net Assets

SCANNED Revenue NOV 19 2004

RECEIVED 1306 NOV 14 2004 OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2003)

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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 page 22 of the 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	725,657.	725,657.	STMT 7	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	75,000.		75,000.	
26 Other salaries and wages	26	215,858.		215,858.	
27 Pension plan contributions	27	14,002.		14,002.	
28 Other employee benefits	28	144,932.		144,932.	
29 Payroll taxes	29	22,051.		22,051.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	21,912.		21,912.	
34 Telephone	34	5,018.		5,018.	
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	7,501.		7,501.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	452,875.		452,875.	
43 Other expenses not covered above (itemize) STMT 9	43a	799,790.	61,698.	628,574.	109,518.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	2,484,596.	787,355.	1,587,723.	109,518.

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 (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ STMT 10

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

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a _____ (Grants and allocations $ 725,657.) 787,355.

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) ▶ 787,355.

Part IV Balance Sheets (See page 25 of the 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
Assets	45 Cash - non-interest-bearing			253,999.	45	239,465.
	46 Savings and temporary cash investments			1,668,013.	46	1,549,289.
	47a Accounts receivable	47a	185,323.			
	b Less: allowance for doubtful accounts	47b		52,618.	47c	185,323.
	48a Pledges receivable	48a	420,885.			
	b Less: allowance for doubtful accounts	48b	15,000.	260,701.	48c	405,885.
	49 Grants receivable				49	
	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				53	
	54 Investments - securities (attach schedule) STMT 11 ▶ ☐ Cost ☒ FMV			13,406,613.	54	13,649,624.
	55a Investments - land, buildings, and equipment. basis	55a				
	b Less. accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule) STMT 12.			277,819.	56	246,025.
	57a Land, buildings, and equipment: basis STMT 13	57a	16,361,374.			
	b Less: accumulated depreciation (attach schedule)	57b	9,232,676.	7,524,158.	57c	7,128,698.
	58 Other assets (describe ▶ STMT 14)			120,446.	58	130,710.
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			23,564,367.	59	23,535,019.
Liabilities	60 Accounts payable and accrued expenses			26,219.	60	19,652.
	61 Grants payable			893,667.	61	820,410.
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶)				65	
	66 **Total liabilities** (add lines 60 through 65)			919,886.	66	840,062.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			12,475,709.	67	12,368,007.
	68 Temporarily restricted			989,823.	68	998,001.
	69 Permanently restricted			9,178,949.	69	9,328,949.
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19, column (B) **must** equal line 21)			22,644,481.	73	22,694,957.
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			23,564,367.	74	23,535,019.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	2,245,504.
b	Amounts included on line a but not on line 12, Form 990.		
(1)	Net unrealized gains on investments $ -19,784.		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	-19,784.
c	Line a minus line b ▶	c	2,265,288.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): STMT 15 $ 289,568.		
	Add amounts on lines (1) and (2) ▶	d	289,568.
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	2,554,856.

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

a	Total expenses and losses per audited financial statements ▶	a	2,195,028.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	2,195,028.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify). STMT 16 $ 289,568.		
	Add amounts on lines (1) and (2) ▶	d	289,568.
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	2,484,596.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 20		75,000.	3,750.	-0-

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

If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and 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 N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	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?	85h	N/A	
86	*501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs.* Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
90a	List the states with which a copy of this return is filed ▶ OHIO			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 90b 10			
91	The books are in care of ▶ DAURICE OWENS Telephone no ▶ (330) 452-4096 Located at ▶ 1001 MARKET AVE. N., CANTON, OH ZIP + 4 ▶ 44702			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

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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) Exclusion code	(D) Amount	
93 Program service revenue.					
a PROGRAM & EVENTS				5,279.	
b REIMB OPER EXP					299,265.
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	7,678.	
96 Dividends and interest from securities			14	616,207.	
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property			16	79,528.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	176,883.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b PARKING RECEIPTS	812930	156,304.		31,334.	
c BEVERAGE INCOME				23,227.	
d MISCELLANEOUS			1	4,323.	
e					
104 Subtotal (add columns (B), (D), and (E))		156,304.		944,459.	299,265.
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,400,028.

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).
	STMT 21

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).*

Please Sign Here

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

▶ [signature] 11-10-04

Signature of officer — Date

President and CEO

Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
11/9/04		P00438633

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

CULTURAL CENTER FOR THE ARTS

Employer identification number

34-6609771

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

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

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

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

(See page 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 ▶	NONE	

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)	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
3a	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.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		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?	4		

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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,003,754.	1,177,311.	1,186,778.	1,171,412.	4,539,255.
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	272,531.	263,086.	310,624.	253,635.	1,099,876.
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	612,787.	640,000.	571,407.	572,015.	2,396,209.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,889,072.	2,080,397.	2,068,809.	1,997,062.	8,035,340.
24 Line 23 minus line 17	1,616,541.	1,817,311.	1,758,185.	1,743,427.	6,935,464.
25 Enter 1% of line 23	18,891.	20,804.	20,688.	19,971.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a 138,709.

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 1999 through 2002 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 387,582.

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c 6,935,464.

d Add. Amounts from column (e) for lines: 18 2,396,209. 19 _____ 22 _____ 26b 387,582. STMT 22 ▶ 26d 2,783,791.

e Public support (line 26c minus line 26d total) ▶ 26e 4,151,673.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f 59.8615 %

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

(2002) _____ (2001) _____ (2000) NOT APPLICABLE (1999) _____

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:

(2002) _____ (2001) _____ (2000) _____ (1999) _____

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 1999 through 2002, 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 page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) NOT APPLICABLE

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

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 -** / **The lobbying nontaxable amount is -** Not over $500,000 / 20% of the amount on line 40; Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000; Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000; 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	41		
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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 page 12 of the instructions.)

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

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

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

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

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51B(III)	4,866.	VOICES OF CANTON, IN	RENTAL OF FACILITIES
51B(III)	284.	CANTON ROTARY CLUB	RENTAL OF FACILITIES
51B(III)	555.	CENTRAL CATHOLIC HS	RENTAL OF FACILITIES
51B(III)	3,323.	MUSEUM OF ART	RENTAL OF FACILITIES
51B(III)	682.	SIFFRIN RESIDENTIAL	RENTAL OF FACILITIES
51B(III)	647.	TIMKEN HIGH SCHOOL	RENTAL OF FACILITIES

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

b If "Yes," complete the following schedule.

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

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED LOSS	19,784.
TOTAL	19,784.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
CANTON ART INSTITUTE			122,590.
CANTON BALLET			103,730.
VOICES OF CANTON INC.			47,150.
CANTON SYMPHONY ORCHESTRA			254,610.
PLAYERS GUILD OF CANTON			150,880.
CANTON MUSEUM OF ART			198,030.
MISCELLANEOUS GRANTS ACCRUED LAST YEAR			-151,333.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
		TOTAL CONTRIBUTIONS PAID	725,657.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROMOTION & PRINT.	70,398.	31,080.	39,318.	
REPAIRS & MAINT.	166,984.		166,984.	
UTILITIES	195,732.		195,732.	
PARKING	133,670.		133,670.	
INSURANCE	40,885.		40,885.	
CONCESSIONS	11,945.		11,945.	
PROFESSIONAL FEES	9,465.		9,465.	
CONTRACTUAL SERVICES	3,849.		3,849.	
MISCELLANEOUS	5,674.		5,674.	
FUNDRAISING	109,518.			109,518.
SPECIAL EVENTS	30,618.	30,618.		
BAD DEBT EXPENSE	600.		600.	
EDUCATION CENTER	12,134.		12,134.	
LAWN & GARDEN	8,318.		8,318.	
TOTALS	799,790.	61,698.	628,574.	109,518.

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

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

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
U.S. GOV'T & AGENCY OBLIGATIONS	5,366,176.
CORPORATE BONDS	2,881,812.
COMMON STOCK	5,365,026.
PREFERRED STOCK	36,610.
TOTALS	13,649,624.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
PUBLICALLY TRADED LIMITED PARTNERSHIP SHARES	246,025.
TOTALS	246,025.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	ACCUMULATED DEPRECIATION DETAIL BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LAND	L	1,240,989.			1,240,989.				
EQUIPMENT		1,907,957.			1,907,957.	1,152,600.			1,152,600.
BUILDING		13079050.			13079050.	7,627,201.			7,627,201.
TOTALS		16227996.			16227996.	8,779,801.			8,779,801.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	18,479.
ACCRUED INTEREST & DIVIDEND	112,231.
TOTALS	130,710.

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

DESCRIPTION	AMOUNT
REIMBURSEMENT OF SHARED OPERATING EXPENSES	299,265.
RENTAL EXPENSES	-9,697.
TOTAL	289,568.

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

DESCRIPTION	AMOUNT
REIMBURSEMENT OF SHARED OPERATING EXPENSES	299,265.
RENTAL EXPENSES	-9,697.
TOTAL	289,568.

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
SHEILA MARKLEY- BLACK 2927 BRENTWOOD ROAD NW CANTON, OH 44708	TRUSTEE 2 HRS/WK		
JANE M. TIMKEN 6559 HILLS & DALES ROAD, NW CANTON, OH 44708	SECRETARY 2 HRS/WK		
SALLIE BAILEY 5351 ST. ANDREWS NW CANTON, OH 44708	TREASURER 2 HRS/WK		
ROD J. RUBBO 2053 WINDHAM DRIVE NE N. CANTON, OH 44721	EXEC DIR 40 HRS/WK	75,000.	3,750.
MICHAEL P. GILL 4121 BRAMSHAW NW CANTON, OH 44718	CHAIRMAN 2 HRS/WK		
CAROLE SAVASTANO 2436 BRENTWOOD NW CANTON, OH 44708	ASSIST TREASURER 2 HRS/WK		
JOSEPH HALTER 5100 ST. ANDREWS STREET NW CANTON, OH 44708	TRUSTEE 2 HRS/WK		
NANCY MCPEEK 7405 BRUSHMORE AVE. NW NORTH CANTON, OH 44720	TRUSTEE 2 HRS/WK		

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
JOHN WERREN 4722 GREENBRIAR SQ. NE CANTON, OH 44714	TRUSTEE 2 HRS/WK		
HARRY C.C. MACNEALY 2705 DUNKEITH DRIVE, NW CANTON, OH 44708	TRUSTEE 2 HRS/WK		
TIMOTHY PUTMAN 1486 ALEXANDRIA PKWY., SW CANTON, OH 44709	TRUSTEE 2 HRS/WK		
WALDEN O'DELL 1800 PERRY DR. NW CANTON, OH 44708	TRUSTEE 2 HRS/WK		
NATE POPE 7785 CHERYL LANE NW MASSILLON, OH 44646	TRUSTEE 2 HRS/WK		
RICHARD PRYCE 2713 RADFORD NW NORTH CANTON, OH 44720	PRESIDENT 2 HRS/WK		
RAYMOND C. HEXAMER 1701 CADBURY NW MASSILLON, OH 44646	TRUSTEE 2 HRS/WK		
DENNIS P. SAUNIER 3460 OVERHILL NW CANTON, OH 44718	TRUSTEE 2 HRS/WK		

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
MARY TIMKEN 6551 HILLS & DALES ROAD NW CANTON, OH 44708	TRUSTEE 2 HRS/WK		
DAVID BAKER 3062 INWOOD DR. NW MASSILLON, OH 44646	PRESIDENT 2 HRS/WK		
DAVE JOHNSON 8459 WHITMER NE NORTH CANTON, OH 44721	PRESIDENT 2 HRS/WK		
TONY SNYDER 323 32ND ST NW CANTON, OH 44709	PRESIDENT 2 HRS/WK		
LOIS DIGIACOMO 1344 DEVON DRIVE NW NORTH CANTON, OH 44720	TRUSTEE 2 HRS/WK		
MARCY GREENFIELD 2303 UNIVERSITY AVE. NW CANTON, OH 44709	TRUSTEE 2 HRS/WK		
CARMELA LIOI 4615 HARMONT NE CANTON, OH 44705	TRUSTEE 2 HRS/WK		
JUDY MINTON 6332 LANGLEY NW CANTON, OH 44718	PRESIDENT 2 HRS/WK		

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
	GRAND TOTALS	75,000.	3,750.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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

SCHEDULE D (Form 1041)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2003

Name of estate or trust

CULTURAL CENTER FOR THE ARTS

Employer identification number

34-6609771

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

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

	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 32)	(f) Gain or (Loss) for the entire year (col (d) less col (e))	(g) Post-May 5 gain or (loss)* (see below)
1							

2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2		
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3		
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2002 Capital Loss Carryover Worksheet	4	( )	
5a	Combine lines 1 through 3 in column (g)	5a		
b	**Net short-term gain or (loss).** Combine lines 1 through 4 in column (f) Enter here and on line 14a below ▶	5b		

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

	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 32)	(f) Gain or (Loss) for the entire year (col (d) less col (e))	(g) Post-May 5 gain or (loss)* (see below)
6							
	SEE STATEMENT 1			3,189,894.	3,013,011.	176,883.	176,883.

7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7		
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8		
9	Capital gain distributions	9		
10	Gain from Form 4797, Part I	10		
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2002 Capital Loss Carryover Worksheet	11	( )	
12	Combine lines 6 through 10 in column (g)	12		176,883.
13	**Net long-term gain or (loss).** Combine lines 6 through 11 in column (f). Enter here and on line 15a below ▶	13	176,883.	

*Include in col. (g) all gains and losses from col (f) from sales, exchanges, or conversions (including installment payments received) **after** May 5, 2003 However, do **not** include gain attributable to unrecaptured section 1250 gain or 28% rate gain or loss (see instr.).

Part III Summary of Parts I and II

Caution: *Read the instructions **before** completing this part.*

			(1) Beneficiaries' (see page 33)	(2) Estate's or trust's	(3) Total
14a	**Net short-term gain or (loss)** (for the entire year)	14a			
b(1)	Net short-term **gain** (post-May 5, 2003)	14b(1)			
b(2)	Net short-term **loss** (post-May 5, 2003)	14b(2)		( )	
15a	**Net long-term gain or (loss)** (for the entire year)	15a			176,883.
b	Net long-term gain (post-May 5, 2003)	15b			
c	Qualified 5-year gain	15c			
d	Unrecaptured section 1250 gain (see line 18 of the worksheet on page 34)	15d			
e	28% rate gain or (loss)	15e			
16a	**Total net gain or (loss).** Combine lines 14a and 15a ▶	16a			176,883.
b	Combine lines 14b(2) and 15b If zero or less, enter -0-	16b			

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

Part IV Capital Loss Limitation

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

*If the loss on line 16a, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 36 of the instructions to determine your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

(Complete this part **only** if both lines 15a and 16a in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22 is more than zero.)

Note: *If line 15d, column (2) or line 15e, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V. Otherwise, go to line 18.*

18	Enter taxable income from Form 1041, line 22			18	
19	Enter the **smaller** of line 15a or 16a in column (2) but not less than zero	19			
20	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	20			
21	Add lines 19 and 20	21			
22	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	22			
23	Subtract line 22 from line 21. If zero or less, enter -0-			23	
24	Subtract line 23 from line 18. If zero or less, enter -0-			24	
25	Enter the **smaller** of the amount on line 18 or $1,900			25	
	If line 24 is more than line 25, skip lines 26-36 and go to line 37.				
26	Enter the amount from line 24			26	
27	Subtract line 26 from line 25. If zero or less, enter -0- and go to line 37			27	
28	Add lines 16b, col (2) and 20*	28			
29	Enter the **smaller** of line 27 or line 28			29	
30	Multiply line 29 by 5% (.05)				30
	If lines 27 and 29 are the same, skip lines 31-36 and go to line 37.				
31	Subtract line 29 from line 27	31			
32	Enter the amount, if any, from line 15c, column (2)	32			
33	Enter the **smaller** of line 31 or line 32			33	
34	Multiply line 33 by 8% (.08)				34
35	Subtract line 33 from line 31			35	
36	Multiply line 35 by 10% (.10)				36
	If the amounts on lines 23 and 27 are the same, skip lines 37 through 46 and go to line 47.				
37	Enter the **smaller** of line 18 or line 23			37	
38	Enter the amount, if any, from line 27			38	
39	Subtract line 38 from line 37			39	
40	Add lines 16b, col (2) and 20*	40			
41	Enter the amount from line 29 (if line 29 is blank, enter -0-)	41			
42	Subtract line 41 from line 40	42			
43	Enter the smaller of line 39 or line 42			43	
44	Multiply line 43 by 15% (15)				44
45	Subtract line 43 from line 39			45	
46	Multiply line 45 by 20% (20)				46
47	Figure the tax on the amount on line 24 Use the 2003 Tax Rate Schedule on page 21 of the instructions				47 NONE
48	Add lines 30, 34, 36, 44, 46, and 47				48 NONE
49	Figure the tax on the amount on line 18. Use the 2003 Tax Rate Schedule on page 21 of the instructions				49
50	**Tax on all taxable income.** Enter the **smaller** of line 48 or line 49 here and on line 1a of Schedule G, Form 1041				50

* If lines 20 and 22 are more than zero, see **Lines 28 and 40** on page 36 for the amount to enter.

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
POST-MAY 5TH CAPITAL GAINS (LOSSES)					
UNIZAN NATIONAL BANK	VAR	VAR	183,712.	272,388.	-88,676.
REPLACEMENT RESERVE FUND	VAR	VAR	1,599,158.	1,620,705.	-21,547.
OPERATING FUND	VAR	VAR	1,407,024.	1,119,918.	287,106.
TOTAL POST-MAY 5TH CAPITAL GAINS (LOSSES)			3,189,894.	3,013,011.	176,883.
CAPITAL GAINS (LOSSES) FROM SECURITIES					
UNIZAN NATIONAL BANK	VAR	VAR	183,712.	272,388.	-88,676.
REPLACEMENT RESERVE FUND	VAR	VAR	1,599,158.	1,620,705.	-21,547.
OPERATING FUND	VAR	VAR	1,407,024.	1,119,918.	287,106.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			3,189,894.	3,013,011.	176,883.
Totals			3,189,894.	3,013,011.	176,883.