

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2004

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

<b>B</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	<b>C</b> Name of organization <b>THE STATE THEATRE REGIONAL ARTS CENTER</b> <b>AT NEW BRUNSWICK INC.</b>	<b>D</b> Employer identification number <b>16-1616384</b>	
	Number and street (or P O box if mail is not delivered to street address) <b>11 LIVINGSTON AVENUE</b>	Room/suite 	<b>E</b> Telephone number <b>732-247-7200</b>
	City or town, state or country, and ZIP + 4 <b>NEW BRUNSWICK, NJ 08901</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: WWW.STATETHEATRENJ.ORG

**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.

**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

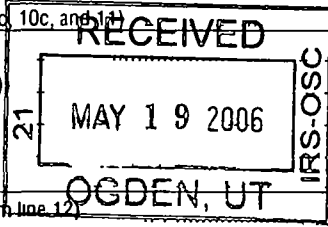
**I** Group Exemption Number

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **7426204.**

**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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	1726137.		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	391024.		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 2117161. noncash \$ )	<b>1d</b>		2117161.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		4199097.	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>		113456.	
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>			
	340830.	<b>8a</b>			
	<b>b</b> Less cost or other basis and sales expenses	<b>8b</b>			
	316008.	<b>8b</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>				
	24822.	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	STMT 2	STMT 3	24822.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	113815.			
	<b>b</b> Less cost of goods sold	<b>10b</b>	40718.		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	STMT 4	73097.	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		541845.		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		7069478.		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	5741727.		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	587842.		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	564465.		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		6894034.	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		175444.		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		1467557.		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	SEE STATEMENT 5	102953.		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		1745954.		



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14

**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 Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	301591.	47832.	51663.
26	Other salaries and wages	26	1668481.	185954.	173953.
27	Pension plan contributions	27			
28	Other employee benefits	28	214598.	25752.	23606.
29	Payroll taxes	29	192878.	23145.	21217.
30	Professional fundraising fees	30			
31	Accounting fees	31	21820.	21820.	
32	Legal fees	32			
33	Supplies	33	8236.	8236.	
34	Telephone	34	44339.	5321.	4877.
35	Postage and shipping	35	6023.	6023.	
36	Occupancy	36	286565.	35459.	9000.
37	Equipment rental and maintenance	37	9174.	9174.	
38	Printing and publications	38			
39	Travel	39	900.	700.	200.
40	Conferences, conventions, and meetings	40	6045.	4045.	2000.
41	Interest	41	91065.	91065.	
42	Depreciation, depletion, etc (attach schedule)	42	58027.	51027.	7000.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	<b>SEE STATEMENT 6</b>	43e	3984292.	118861.	280149.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	6894034.	587842.	564465.

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?  SEE STATEMENT 1

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	<b>SEE STATEMENT 1</b>	
	(Grants and allocations \$ _____)	5741727.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>5741727.</b>

THE STATE THEATRE REGIONAL ARTS CENTER  
AT NEW BRUNSWICK INC.

Form 990 (2004)

16-1616384 Page 3

**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	36236.	45	246600.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	209119.		
		b Less allowance for doubtful accounts			
			294645.	47c	209119.
	48 a	Pledges receivable	145878.		
		b Less allowance for doubtful accounts			
			74673.	48c	145878.
	49	Grants receivable	59997.	49	243381.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		b Less allowance for doubtful accounts			
				51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	76612.	53	197113.
54	Investments - securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3807555.	54	3923376.	
55 a	Investments - land, buildings, and equipment basis				
	b Less accumulated depreciation				
			55c		
56	Investments - other	0.	56	0.	
57 a	Land, buildings, and equipment basis	843198.			
	b Less accumulated depreciation STMT 7	672401.			
		237618.	57c	170797.	
58	Other assets (describe <b>CASH - LIMITED USE</b> )		58	102229.	
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>4587336.</b>	<b>59</b>	<b>5238493.</b>	
Liabilities	60	Accounts payable and accrued expenses	562788.	60	306068.
	61	Grants payable		61	
	62	Deferred revenue	306991.	62	1042431.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable STMT 8	2250000.	64b	2144040.
	65	Other liabilities (describe )		65	
66	<b>Total liabilities (add lines 60 through 65)</b>	<b>3119779.</b>	<b>66</b>	<b>3492539.</b>	
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	-2433048.	67	-2399651.
	68	Temporarily restricted	5000.	68	120000.
	69	Permanently restricted	3895605.	69	4025605.
	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	<b>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)</b>	<b>1467557.</b>	<b>73</b>	<b>1745954.</b>
	74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>4587336.</b>	<b>74</b>	<b>5238493.</b>

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.



**THE STATE THEATRE REGIONAL ARTS CENTER  
AT NEW BRUNSWICK INC.**

Form 990 (2004)

16-1616384

Page 5

<b>Part VI Other Information</b>		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
78 a 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
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?	80a		X
b If "Yes," enter the name of the organization <span style="float:right">▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</span>			
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?	81b		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?	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
83 a 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	
84 a 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) 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	88		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	89b		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 ▶ NEW JERSEY			
b Number of employees employed in the pay period that includes March 12, 2004	90b		120
91 The books are in care of ▶ THE STATE THEATRE REGIONAL ARTS CEN Telephone no ▶ 732-247-7200			
Located at ▶ 11 LIVINGSTON AVENUE, NEW BRUNSWICK, NJ ZIP + 4 ▶ 08901			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

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01-13-05

Form 990 (2004)

THE STATE THEATRE REGIONAL ARTS CENTER  
AT NEW BRUNSWICK INC.

Form 990 (2004)

16-1616384 Page 6

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions )

	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	
<b>93</b> Program service revenue					
<b>a</b> <b>TICKET SALES</b>					3410692.
<b>b</b> <b>RENT - STATE THEATRE</b>					577053.
<b>c</b> <b>EDUCATION PROGRAMS</b>					211352.
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	113456.	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	24822.	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory	711190	73097.			
<b>103</b> Other revenue					
<b>a</b> <b>TICKET ADMIN FEES</b>					152600.
<b>b</b> <b>MARKETING INCOME</b>					13721.
<b>c</b> <b>MISC OPERATING INC</b>					17285.
<b>d</b> <b>FACILITY FEES</b>					222121.
<b>e</b> <b>PLAYBILL ADVERTISING</b>	711190	136118.			
<b>104</b> Subtotal (add columns (B), (D), and (E))		209215.		138278.	4604824.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					4952317.

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 13

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

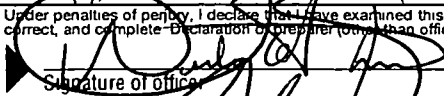
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

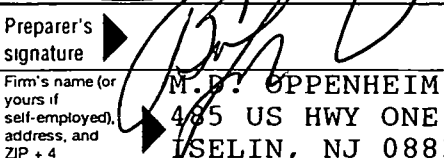
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions )

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

Please Sign Here:  Date: 5/12/06 Type or print name and title: WESLEY O. BRUSTAD, PREPARED

Paid Preparer's Use Only: Preparer's signature:  Date: 5/8/06 Check if self-employed:  Preparer's SSN or PTIN: Firm's name (or yours if self-employed), address, and ZIP + 4: M. D. OPPENHEIM & CO., P.C., 465 US HWY ONE, BLDG C, PO BOX 4100, ISELIN, NJ 08830-4100 EIN: Phone no: (732) 602-9300

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization **THE STATE THEATRE REGIONAL ARTS CENTER  
AT NEW BRUNSWICK INC.** Employer identification number  
**16 1616384**

**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
LIAN FARRER 11 LIVINGSTON AVENUE, NEW BRUNSWICK, NJ 08901	VP OF EDU 40	83080.		
MELINDA MCALEER 11 LIVINGSTON AVENUE, NEW BRUNSWICK, NJ 08901	VP OF DEV 40	76780.		
MARK SHARP 11 LIVINGSTON AVENUE, NEW BRUNSWICK, NJ 08901	DIR OF OPER 40	64730.		
DAVID HARTKERN 11 LIVINGSTON AVENUE, NEW BRUNSWICK, NJ 08901	GEN MANAGER 40	57350.		
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
ICM ARTISTS, INC 40 WEST 57TH STREET, NEW YORK CITY, NY 10019	ARTIST MANAGEMENT COMPANY	306465.
SAH ENTERPRISES, INC P O BOX 4049 , SANTA MONICA, CA 90404	ARTIST MANAGEMENT COMPANY	120000.
BIG DOG PRODUCTIONS, INC JAY LENO C/O ICM ARTISTS, 40 W 57TH STREET, NEW YORK CITY,	ARTIST MANAGEMENT COMPANY	110000.
ALVIN AILEY DANCE FOUNDATION THE JOAN WEILL CENTER FOR DANCE, 405 W 55TH ST.,	ARTIST MANAGEMENT COMPANY	85000.
TROIKA ENTERTAINMENT, LLC 1841 BROADWAY, SUITE 914, NEW YORK CITY, NY 10023	ARTIST MANAGEMENT COMPANY	85000.
Total number of others receiving over \$50,000 for professional services ▶	26	

THE STATE THEATRE REGIONAL ARTS CENTER

Schedule A (Form 990 or 990-EZ) 2004 AT NEW BRUNSWICK INC.

16-1616384 Page 2

**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 <b>▶</b> \$ _____ \$ _____ (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) <b>SEE STATEMENT 14</b>		
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)? <b>SEE PART V, FORM 990</b>	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 a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 5 of the instructions)

THE STATE THEATRE REGIONAL ARTS CENTER

Schedule A (Form 990 or 990-EZ) 2004 AT NEW BRUNSWICK INC.

16-1616384 Page 3

**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1548426.	1106217.			2654643.
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	4106290.	4406208.			8512498.
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	95719.	75261.			170980.
19 Net income from unrelated business activities not included in line 18	146569.	297420.			443989.
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	5897004.	5885106.	0.	0.	11782110.
24 Line 23 minus line 17	1790714.	1478898.			3269612.
25 Enter 1% of line 23	58970.	58851.			

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	65392.
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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	3269612.
d Add Amounts from column (e) for lines 18 <u>170980.</u> 19 <u>443989.</u> 22 _____ 26b _____	26d	614969.
e Public support (line 26c minus line 26d total)	26e	2654643.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	81.1914%

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	(2003)	(2002)	(2001)	(2000)
	N/A			
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	(2003)	(2002)	(2001)	(2000)
	N/A			
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A		
d Add Line 27a total _____ and line 27b total _____	27d	N/A		
e Public support (line 27c total minus line 27d total)	27e	N/A		
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

NONE

THE STATE THEATRE REGIONAL ARTS CENTER

**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/> <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/> <hr/> <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/> <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	

THE STATE THEATRE REGIONAL ARTS CENTER

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

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	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 - If the amount on line 40 is - The lobbying nontaxable amount is -	41	
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		
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) 2004	(b) 2003	(c) 2002	(d) 2001	
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 11 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



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	PRODUCTION EQUIPMENT	VARIABLES		.000	16	643490.			643490.	446761.		37677.
2	OFFICE EQUIPMENT	VARIABLES		.000	16	199708.			199708.	179070.		8893.
3	(D) PRODUCTION EQUIPMENT	VARIABLES		.000	16	708968.			708968.	688713.		20255.
	* TOTAL 990 PAGE 2 DEPR					1552166.		0.	1552166.	1314544.	0.	66825.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

FOOTNOTES

STATEMENT 1

FORM 990 PART III PRIMARY EXEMPT PURPOSE

THE THEATRE'S MISSION IS TO PRESENT THE FINEST NATIONAL AND INTERNATIONAL PERFORMING ARTS, PROVIDE ARTS EDUCATION TO INFORM AND BUILD FUTURE AUDIENCES, ASSIST COMMUNITY ARTS ORGANIZATIONS WITH TECHNICAL AND OTHER PROFESSIONAL EXPERTISE, AND ENCOURAGE NEW JERSEY ARTISTS BY PROVIDING A FIRST-CLASS SHOWCASE FOR THEIR WORK.

FORM 990 PART III PROGRAM SERVICE ACCOMPLISHMENT

THE ORGANIZATION PRESENTS A DIVERSITY OF WORLD-CLASS EVENTS INCLUDING INTERNATIONAL ORCHESTRAS, BROADWAY MUSICALS, JAZZ PRODUCTIONS, DANCE ENSEMBLES, TOURING OPERAS, COUNTRY MUSIC, FILM SERIES AND MORE.

5782445.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MFS MASTER GROWTH STOCK	322214.	315762.	0.	6452.
USAA INCOME FUND	18616.	0.	0.	18616.
VARIOUS INVESTMENTS	0.	246.	0.	-246.
TO FORM 990, PART I, LINE 8	340830.	316008.	0.	24822.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	708968.	0.	708968.	0.
TO FM 990, PART I, LN 8		708968.	0.	708968.	0.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 4

INCOME

1. GROSS RECEIPTS . . . . .	113815	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		113815
4. COST OF GOODS SOLD (LINE 13) . . . . .	40718	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		73097

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	0	
7. MERCHANDISE PURCHASED . . . . .	40718	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		40718
12. INVENTORY AT END OF YEAR . . . . .	0	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		40718

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
UNREALIZED GAINS		138084.	
PRIOR PERIOD ADJUSTMENT		-35131.	
TOTAL TO FORM 990, PART I, LINE 20		102953.	

FORM 990	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
MARKETING/BOX OFFICE	856558.	856558.			
ARTIST FEES	2298226.	2298226.			
FUNDRAISING	280149.			280149.	
INSURANCE	97355.	82355.	15000.		
EDUCATION PROGRAM	77244.	77244.			
PRODUCTION	270899.	270899.			
MISCELLANEOUS	103861.		103861.		
TOTAL TO FM 990, LN 43	3984292.	3585282.	118861.	280149.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
PRODUCTION EQUIPMENT	643490.	484438.	159052.		
OFFICE EQUIPMENT	199708.	187963.	11745.		
TOTAL TO FORM 990, PART IV, LN 57	843198.	672401.	170797.		

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 8

LENDER'S NAME TERMS OF REPAYMENT

~~UBS~~ UBS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		2850000.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

INVESTMENTS

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	2144040.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 2144040.

FORM 990 OTHER SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENTS - MUTUAL FUNDS	FMV	3923376.
TO FORM 990, LINE 54, COL B		3923376.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
COST OF SALES	40718.
TOTAL TO FORM 990, PART IV-A	40718.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
COST OF SALES		40718.	
TOTAL TO FORM 990, PART IV-B		40718.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	12
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
WES BRUSTAD 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	PRESIDENT AND CEO 40	104711.	0.	4000.
GERALD CAMPAGNA 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	DIRECTOR OF FINANCE 40	67230.	0.	0.
THOMAS F KELSO,ESQ 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	CHAIRPERSON 0	0.	0.	0.
PETER G TARRICONE 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	VICE CHAIRPERSON 0	0.	0.	0.
SUSAN H BLOCK 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	SECRETARY 0	0.	0.	0.
ANDREW J MARKEY 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	TREASURER 0	0.	0.	0.
ANN H ASBATY 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
SONIA M BEATTY 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.

DOROTHEA BERKHOUT, PHD 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
MADIHA BORAIE 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
FRANKIE BUSCH 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
ANDREA CUNNELL 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
EFREM B DLUGZCZ 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
KEVIN P EGAN 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
JOHN J GANTNER 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
ROBERT W GLUCK 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
C JUDSON HAMLIN 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
JOHN J HELDRICH 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
RICHARD L MCCORMICK, PHD 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
JOHN L MCGUIRE 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
MORTON A PLAWNER 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.

WILLIAM H POWELL 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
ARLENE REITER, ESQ 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
RALPH W VOORHEES 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
GERALD WEISFOGEL, MD, FACC 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	BOARD MEMBER 0	0.	0.	0.
JAMES M CAHILL 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	DESIGNATED MEMBER 0	0.	0.	0.
DAVID B CRABIEL 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	DESIGNATED MEMBER 0	0.	0.	0.
H JAMES POLOS 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	DESIGNATED MEMBER 0	0.	0.	0.
CHRIS BUTLER 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	VP OF OPERATIONS 40	129650.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>301591.</u>	<u>0.</u>	<u>4000.</u>

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FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 13  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROMOTES ARTISTIC AND CULTURAL WELFARE OF CENTRAL NJ
93B	THE THEATRE IS MADE AVAILABLE TO A NUMBER OF COMMUNITY, CIVIC AND
93C	PERFORMING ARTS ORGANIZATONS ON A RENTAL BASIS
	EDUCATION PROGRAMS ARE TO INSTRUCT SCHOOL AGE CHILDREN ABOUT THE
	THEATRE
103	TICKET HANDLING FEES, MARKETING INCOME, MISCELLANEOUS OPERATING
	INCOME AND FACILITY FEES ARE DIRECTLY RELATED TO THE ORGANIZATION'S
	PROGRAM SERVICE REVENUE.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH  
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,  
CREATORS, KEY EMPLOYEES, ETC.,  
PART III, LINE 2

STATEMENT 14

*A FIRM WHICH*

RALPH VORHEES A RETIRED EXECUTIVE OF UBS FINANCIAL SERVICES PROVIDED BROKERAGE SERVICES AND MADE A LINE OF CREDIT AVAILABLE TO THE STATE THEATRE.

*A FIRM WHICH*

PETER TARRICONE OF TARRICONE ASSOCIATES, ARRANGED FOR INSURANCE COVERAGE FOR THE STATE THEATRE WITH VARIOUS INSURANCE COMPANIES. PREMIUMS OF APPROXIMATELY \$250,000 WERE PAID DURING THE FISCAL YEAR ENDING JUNE 30, 2005. THOMAS KELSO OF KELSO AND BRADSAHW SERVED AS LEGAL COUNSEL AND CHAIRMAN OF THE STATE THEATRE'S BOARD OF TRUSTEES. THERE WERE NO FEES PAID TO THIS FIRM DURING THE FISCAL YEAR.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>THE STATE THEATRE REGIONAL ARTS CENTER AT NEW BRUNSWICK INC.</b>	Employer identification number <b>16-1616384</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>11 LIVINGSTON AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NEW BRUNSWICK, NJ 08901</b>	

**Check type of return to be filed** (File a separate application for each return):

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

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE STATE THEATRE REGIONAL ARTS CENTER**  
Telephone No. **732-247-7200**    FAX No. \_\_\_\_\_
- 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 is for.

4 I request an additional 3-month extension of time until **MAY 15, 2006**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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

7 State in detail why you need the extension  
**INFORMATION NECESSARY TO COMPLETE RETURN IS NOT YET AVAILABLE.**

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. 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 **Murray Bulgan**    Title **CPA**    Date **2/9/06**

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>D. Clerkin M.D. OPPENHEIM &amp; CO., P.C.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>485 US HWY ONE, BLDG C, PO BOX 4100</b>
	City or town, province or state, and country (including postal or ZIP code) <b>ISELIN, NJ 08830-4100</b>

423832  
01-10-05

**EXTENSION APPROVED**  
**FEB 9 2 2006**  
FIELD DIRECTOR  
SUBMISSION PROCESSING, OGDEN

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

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

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	THE STATE THEATRE REGIONAL ARTS CENTER AT NEW BRUNSWICK, INC.		16-1616384
	Number, street, and room or suite no. If a P O box, see instructions		
	11 LIVINGSTON AVENUE		
City, town or post office, state, and ZIP code. For a foreign address, see instructions			
NEW BRUNSWICK, NJ 08901			

**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 |

• The books are in the care of ► THE ORGANIZATION

Telephone No ► 732-247-7200 FAX No ► \_\_\_\_\_

- 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-months for a **Form 990-T corporation**) extension of time until FEB. 15, 20 06 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year 20\_\_ or  
 ►  tax year beginning JULY 1, 20 04 and ending JUNE 30, 20 05

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. \$ 0

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. \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 12-2004)