

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)

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

Open to Public
Inspection

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

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
THE GREATER CINCINNATI TELEVISION EDUCATIONAL FOUNDATION

D Employer identification number
31-0560051

E Telephone number
(513) 381-4033

F Accounting method ☐ Cash ☒ Accrual
(specify) ☐

G Website: **WWW.CETCONNECT.ORG**

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: **N/A**
H(c) Are all affiliates included? ☐ 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: **2**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **12,596,158.**

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

G Website: WWW.CETCONNECT.ORG

J Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **12,596,158.**

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

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	3,346,739.		
b	Indirect public support	1b	935,014.		
c	Government contributions (grants)	1c	418,351.		
d	Total (add lines 1a through 1c) (cash \$ 4,700,104. noncash \$)	1d	4,700,104.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	313,000.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	125,073.		
6a	Gross rents	6a	281,845.		
b	Less: rental expenses	6b	54,058.		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	227,787.		
7	Other investment income (describe CABLE ROYALTIES)	7	12,866.		
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
b	Less: cost or other basis and sales expenses	6,614,839.	8b		
c	Gain or (loss) (attach schedule)	6,582,949.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	31,890.	8d	31,890.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here ☐				
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	539,714.		
b	Less: direct expenses other than fundraising expenses	9b	111,979.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	427,735.		
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	8,717.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,847,172.		
13	Program services (from line 44, column (B))	13	4,898,679.		
14	Management and general (from line 44, column (C))	14	1,552,846.		
15	Fundraising (from line 44, column (D))	15	1,254,775.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 13, 14, 15, and 16)	17	7,706,300.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<1,859,128.>		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	12,896,660.		
20	Other changes in net assets or fund balances (attach explanation)	20	<79,229.>		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	10,958,303.		

423001
01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

**THE GREATER CINCINNATI TELEVISION
EDUCATIONAL FOUNDATION**

31-0560051

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 \$)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	341,669.	105,382.	145,740.	90,547.
26	Other salaries and wages	2,145,379.	1,340,093.	460,031.	345,255.
27	Pension plan contributions	185,734.	99,934.	53,450.	32,350.
28	Other employee benefits	234,821.	150,033.	38,935.	45,853.
29	Payroll taxes	179,460.	107,423.	38,987.	33,050.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	204,431.	53,249.	51,648.	99,534.
34	Telephone	41,852.	23,429.	10,344.	8,079.
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	113,127.	63,811.	4,030.	45,286.
39	Travel	74,422.	25,593.	32,493.	16,336.
40	Conferences, conventions, and meetings				
41	Interest	58,294.		58,294.	
42	Depreciation, depletion, etc. (attach schedule)	1,272,271.	1,035,283.	193,275.	43,713.
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 6				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	7,706,300.	4,898,679.	1,552,846.	1,254,775.

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? ☐

NONCOMMERCIAL PUBLIC EDUCATIONAL TELEVISION

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 PROGRAMMING AND PRODUCTION: 883,000 HOUSEHOLDS IN BROADCASTING MARKET	
(Grants and allocations \$ _____)	3,889,484.
b LEARNING SERVICES: 17,517 CLIENTS SERVED	
(Grants and allocations \$ _____)	503,575.
c ARTS INITIATIVE	
(Grants and allocations \$ _____)	207,603.
d PUBLIC INFORMATION	
(Grants and allocations \$ _____)	298,017.
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,898,679.

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01-13-05

Form 990 (2004)

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	321,075.	45	234,981.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	331,316.		
	b Less: allowance for doubtful accounts		47c	331,316.
	48 a Pledges receivable	485,631.		
	b Less: allowance for doubtful accounts		48c	485,631.
	49 Grants receivable		49	
	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		53	
	54 Investments - securities STMT 7 STMT 8 ☐ Cost ☒ FMV	3,663,654.	54	3,303,510.
	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	20,717,999.			
b Less: accumulated depreciation	12,067,523.	57c	8,650,476.	
58 Other assets (describe SEE STATEMENT 9)	907,950.	58	869,888.	
59 Total assets (add lines 45 through 58) (must equal line 74)	16,086,609.	59	13,875,802.	
Liabilities	60 Accounts payable and accrued expenses	2,234,015.	60	2,447,034.
	61 Grants payable		61	
	62 Deferred revenue	185,747.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	750,000.	64b	450,000.
	65 Other liabilities (describe ANNUITIES PAYABLE)	20,187.	65	20,465.
66 Total liabilities (add lines 60 through 65)	3,189,949.	66	2,917,499.	
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	10,621,519.	67	9,570,219.
	68 Temporarily restricted	1,387,140.	68	485,631.
	69 Permanently restricted	888,001.	69	902,453.
	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)	12,896,660.	73	10,958,303.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	16,086,609.	74	13,875,802.	

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-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	8,539,158.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 666,821.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	STMT 12 \$ 166,037.		
	Add amounts on lines (1) through (4)	b	832,858.
c	Line a minus line b	c	7,706,300.
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): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,706,300.

[illegible]☐ Yes ☒ No

**THE GREATER CINCINNATI TELEVISION
EDUCATIONAL FOUNDATION**

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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 ☐ and check whether it is ☐ exempt or ☐ nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	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	666,821.
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 ☐ OHIO	90b	73
b	Number of employees employed in the pay period that includes March 12, 2004		
91	The books are in care of ☐ SUSAN HOWARTH Telephone no. ☐ 513-381-4033		

Located at ☐ 1223 CENTRAL PARKWAY, CINCINNATI, OHZIP + 4 ☐ 45214

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

**THE GREATER CINCINNATI TELEVISION
EDUCATIONAL FOUNDATION**

31-0560051

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

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **PRODUCTION REVENUE**

b

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

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a **MISCELLANEOUS**b **TELEVISION PRODUCTION &**c **PRODUCTION FACILITIES**d **RENTAL**

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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 14**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 of officer Susan Howarth **Date** 12/10/06 **Type or print name and title.** SUSAN HOWARTH PRESIDENT & CEO

Paid Preparer's Use Only **Preparer's signature** Bradley S Chaffin, CPA **Date** 3-13-06 **Check if self-employed** ☐ **Preparer's SSN or PTIN** _____

Firm's name (or yours if self-employed), address, and ZIP + 4 BARNES, DENNIG & CO., LTD
2000 CAREW TOWER
CINCINNATI, OHIO 45202

EIN _____ **Phone no.** (513) 241-8313

Form 990 (2004)

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

2004

Name of the organization **THE GREATER CINCINNATI TELEVISION
EDUCATIONAL FOUNDATION**

Employer identification number
31 0560051

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
<u>GRACE HILL</u>	DIR OF PROG			
<u>CINCINNATI, OH</u>	40	64,820.	14,001.	
<u>SHANNA OSBORNE</u>	ACCT EXEC			
<u>CINCINNATI, OH</u>	40	68,509.	8,600.	
<u>NEAL SCHMIDT</u>	CHEIF ENG			
<u>CINCINNATI, OH</u>	40	63,224.	13,925.	
<u>TIM UCKOTTER</u>	DIR OF MIS			
<u>CINCINNATI, OH</u>	40	64,561.	11,330.	
<u>TAYLOR FELTNER</u>	DIR OF PROG			
<u>CINCINNATI, OH</u>	40	60,681.	14,129.	
Total number of other employees paid over \$50,000	10			

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
<u>UNITED MAIL, LLC</u>		
<u>4410 BISHOP LANE , LOUISVILLE, KY</u>	FUND RAISING	120,513.
<u>PHONE BANK SYSTEMS, INC</u>		
<u>4990 NORTHWIND DR., EAST LANSING, MI</u>	FUND RAISING	97,578.
<u>WGUC</u>		
<u>1223 CENTRAL PARKWAY, CINCINNATI, OH</u>	WEBMASTER, ACCOUNTING AND OT	66,319.
Total number of others receiving over \$50,000 for professional services	0	

**THE GREATER CINCINNATI TELEVISION
EDUCATIONAL FOUNDATION**

Schedule A (Form 990 or 990-EZ) 2004

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Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	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)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	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.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	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?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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 GREATER CINCINNATI TELEVISION

Schedule A (Form 990 or 990-EZ) 2004 **EDUCATIONAL FOUNDATION**

31-0560051 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.)	6,294,538.	6,115,784.	7,021,022.	9,540,457.	28,971,801.
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	982,034.	690,652.	803,516.	1,058,418.	3,534,620.
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	95,033.	246,346.	322,931.	414,962.	1,079,272.
19 Net income from unrelated business activities not included in line 18	92,847.	87,905.	85,563.	89,840.	356,155.
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	202,645.		SEE STATEMENT 15		202,645.
23 Total of lines 15 through 22	7,667,097.	7,140,687.	8,233,032.	11,103,677.	34,144,493.
24 Line 23 minus line 17	6,685,063.	6,450,035.	7,429,516.	10,045,259.	30,609,873.
25 Enter 1% of line 23	76,671.	71,407.	82,330.	111,037.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					612,197.
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					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					30,609,873.
d Add: Amounts from column (e) for lines: 18 <u>1,079,272.</u> 19 <u>356,155.</u>					
22 <u>202,645.</u> 26b _____					
e Public support (line 26c minus line 26d total)					1,638,072.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					28,971,801.
					94.6486%
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: N/A					
(2003) (2002) (2001) (2000)					
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: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					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.

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

Schedule A (Form 990 or 990-EZ) 2004

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
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.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

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

Yes	No	Amount
	☒	
	☒	
	☒	
	☒	
	☒	
	☒	
	☒	
	☒	
		0.

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

Exempt Organizations (See page 11 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?

a. Transfers from the reporting organization to a noncharitable exempt organization of:

(j) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) **Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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:

N/A

[illegible]

52 a 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:

N/A

[illegible]

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
COMMERCIAL	1	281,845.	
TOTAL TO FORM 990, PART I, LINE 6A		281,845.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES		54,058.	
- SUBTOTAL -	1		54,058.
TOTAL TO FORM 990, PART I, LINE 6B			54,058.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SECURITIES	6,614,839.	6,582,949.	0.	31,890.	
TO FORM 990, PART I, LINE 8	6,614,839.	6,582,949.	0.	31,890.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES			STATEMENT	4
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
AUCTION	162,063.		162,063.	11,365.	150,698.
WALLA	225,481.		225,481.	24,409.	201,072.
ANDRE RIEU CONCERT	141,402.		141,402.	76,205.	65,197.
OTHER	10,768.		10,768.		10,768.
TOTAL TO FORM 990, PART I, LINE 9	539,714.		539,714.	111,979.	427,735.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST		14,452.	
UNREALIZED LOSS		<93,681.>	
TOTAL TO FORM 990, PART I, LINE 20		<79,229.>	

FORM 990	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING AND PROMOTION	107,608.	99,354.	8,254.	0.	
MEMBERSHIP DUES AND SUBSCRIPTIONS	44,428.	5,240.	38,040.	1,148.	
TRAINING	32,921.	30,622.	1,788.	511.	
CONTRACTED SERVICES	349,361.	147,687.	199,437.	2,237.	
BUILDING MAINTENANCE AND UTILITIES	281,573.	247,374.	17,416.	16,783.	
NON CAPITALIZED EQUIPMENT	46,894.	16,182.	6,644.	24,068.	
INVESTMENT FEES	87,690.	0.	68,209.	19,481.	
INSURANCE	65,496.	36,405.	23,559.	5,532.	
PRODUCTION AND EVENTS	176,331.	106,780.	11.	69,540.	
SPECIAL EVENTS	19,073.	0.	0.	19,073.	
PROGRAM ACQUISITION	1,161,243.	1,161,243.	0.	0.	
OTHER	108,779.	5,307.	102,261.	1,211.	
SOLICITATIONS	358,535.	23,347.	0.	335,188.	
FEDERAL TAXES	14,908.	14,908.	0.	0.	
TOTAL TO FM 990, LN 43	2,854,840.	1,894,449.	465,619.	494,772.	

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	FMV	2,734,424.			2,734,424.
CORPORATE BONDS	FMV		456,603.		456,603.
TOTAL TO FORM 990, LINE 54, COL B		2,734,424.	456,603.		3,191,027.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	8
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
UNITED STATES GOVERNMENT OBLIGATIONS	FMV	0.		
TOTAL TO FORM 990, LINE 54, COL B		0.		

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN PERPETUAL TRUST	817,453.
OTHER	52,435.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	869,888.

FORM 990	OTHER SECURITIES	STATEMENT	10
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKETS	FMV	71,008.
MORTGAGE BACKED SECURITIES	FMV	41,475.
TOTAL TO FORM 990, LINE 54, COL B		112,483.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	14,452.
SPECIAL EVENTS EXPENSE	111,979.
RENT EXPENSE	54,058.
TOTAL TO FORM 990, PART IV-A	180,489.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	111,979.
RENT EXPENSE	54,058.
TOTAL TO FORM 990, PART IV-B	166,037.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUSAN HOWARTH CINCINNATI, OH	PRES./CEO 40	145,740.	10,844.	3,600.
JOHN T. DOMINIC CINCINNATI, OH	COO/SR. VP 40	105,382.	16,479.	0.
CORNELIA CUSSEN CINCINNATI, OH	SR. VP INSTIT. ADV. & GIFT 40	90,547.	10,246.	0.
JOHN H. JACOBS CINCINNATI, OH	CHAIRMAN 2	0.	0.	0.
BRYAN DUNN CINCINNATI, OH	VICE CHAIRMAN/TREASURER 2	0.	0.	0.
DANIEL C. HEYD CINCINNATI, OH	SECRETARY 2	0.	0.	0.
DR. MYRTIS POWELL CINCINNATI, OH	ASSISTANT SECRETARY 2	0.	0.	0.
AWN BERTSCHE CINCINNATI, OH	TRUSTEE 2	0.	0.	0.
DR. JOHN BRYANT CINCINNATI, OH	TRUSTEE 2	0.	0.	0.
RICHARD H. FINAN CINCINNATI, OH	TRUSTEE 2	0.	0.	0.
DR. JOSEPH HALE CINCINNATI, OH	TRUSTEE 2	0.	0.	0.

DAVID HOGUET	TRUSTEE			
CINCINNATI, OH	2	0.	0.	0.
DR. STANLEY KAPLAN	TRUSTEE			
CINCINNATI, OH	2	0.	0.	0.
JERRY KATHMAN	TRUSTEE			
CINCINNATI, OH	2	0.	0.	0.
MARRY KELLAR	TRUSTEE			
CINCINNATI, OH	2	0.	0.	0.
BRAD MAYS	TRUSTEE			
CINCINNATI, OH	2	0.	0.	0.
JAMES E. SCHWAB	TRUSTEE			
CINCINNATI, OH	2	0.	0.	0.
ROBERT A. SULLIVAN	TRUSTEE			
CINCINNATI, OH	2	0.	0.	0.
MR. FRANCIS M THARILKILL, OSU, EDD	TRUSTEE			
CINCINNATI, OH	2	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		341,669.	37,569.	3,600.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 14
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
03A 01	PRODUCTION REVENUE FROM NONCOMMERCIAL PUBLIC EDUCATION TELEVISION. THE AUCTION OFFERS A VARIED FORM OF PROGRAM MATERIAL DIFFERING FROM THE NORMAL FARE. THE PROGRAMMING ATTRACTS A DIFFERENT AUDIENCE WHICH MAY RETURN TO DISCOVER THE BALANCE OF THE PROGRAM SCHEDULE. THE AUCTION AND OTHER SPECIAL EVENTS ENCOURAGE VIEWERSHIP OF THE STATION'S PROGRAMMING AND COMMUNITY INVOLVEMENT WHICH RESULTS IN PARTICIPATION IN ITS EDUCATIONAL ACTIVITIES.
03A	VIEWERS ENHANCE THE BENEFITS THEY DERIVE FROM THE PROGRAM SERVICES PROVIDED THROUGH THE USE OF STUDY GUIDES AND VIDEOCASSETTES RELATED TO THE PROGRAM VIEWED. CONTINUING EDUCATION IS RECEIVED BY PROFESSIONALS AND STUDENTS IN WORKSHOP VIDEOCONGERENCE AND BROADCAST FROM.

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS INCOME	202,645.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	202,645.	0.	0.	0.

Building and air rights	\$ 2,331,816
Building and improvements	2,972,753
Television, transmitting and video equipment	13,786,528
Automotive equipment	28,619
Furniture and fixtures	<u>1,598,283</u>
	20,717,999
Less: accumulated depreciation	<u>(12,067,523)</u>
	<u><u>\$ 8,650,476</u></u>

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 ☒ **X**
 - 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.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE GREATER CINCINNATI TELEVISION EDUCATIONAL FOUNDATION	Employer identification number 31-0560051
	Number, street, and room or suite no. If a P.O. box, see instructions. 1223 CENTRAL PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45214	

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

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

- The books are in the care of ► **TED HILLBERG**
Telephone No. ► **513-381-4033** 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 **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**.
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

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.

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

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).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE GREATER CINCINNATI TELEVISION EDUCATIONAL FOUNDATION	Employer identification number 31-0560051
	Number, street, and room or suite no. If a P.O. box, see instructions. 1223 CENTRAL PARKWAY	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45214	

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 **▶ TED HILLBERG**
 Telephone No. **▶ 513-381-4033** 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 **2005**, 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
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

- 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 **▶ [Signature]** Title **▶ CPA** Date **▶ 2-6-06**

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 423832 01-10-05	Name BARNES DENNIG & CO., LTD.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 441 VINE STREET, SUITE 2000
	City or town, province or state, and country (including postal or ZIP code) CINCINNATI, OH 45202

EXTENSION APPROVED
FEB 2 - 2006
FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN