

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2004
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 7/1/2004 , **and ending** 6/30/2005

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

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

C Name of organization THE WASHINGTON SHAKESPEARE COMPANY			D Employer identification number 54-1568294
Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telephone number
601 SOUTH CLARK STREET			(703) 418-4808
City or town	State or country	ZIP + 4	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
ARLINGTON	VA	22202-3271	<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).

- 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? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number ▶

G Website: ▶ WWW.WASHINGTONSHAKESPEARE.ORG

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

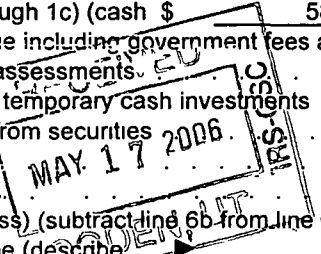
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 202,542

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

		1a	1b	1c	1d
1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support		44,191			
b Indirect public support					
c Government contributions (grants)		13,998			
d Total (add lines 1a through 1c) (cash \$ <u>58,189</u> noncash \$ _____)					58,189
2 Program service revenue including government fees and contracts (from Part VII, line 93)					71,864
3 Membership dues and assessments					0
4 Interest on savings and temporary cash investments					3
5 Dividends and interest from securities					0
6 a Gross rents		12,450			
b Less: rental expenses					
c Net rental income or (loss) (subtract line 6b from line 6a)					12,450
7 Other investment income (describe _____)					0
8 a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other		
		0	0	8a	0
b Less: cost or other basis and sales expenses		0	0	8b	0
c Gain or (loss) (attach schedule)		0	0	8c	0
d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	0
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ <u>44,191</u> of contributions reported on line 1a)		4,520			
b Less: direct expenses other than fundraising expenses		0			
c Net income or (loss) from special events (subtract line 9b from line 9a)				9c	4,520
10 a Gross sales of inventory, less returns and allowances		1,592			
b Less: cost of goods sold		552			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	1,040
11 Other revenue (from Part VII, line 103)				11	53,924
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	201,990
Expenses					
13 Program services (from line 44, column (B))				13	104,022
14 Management and general (from line 44, column (C))				14	35,446
15 Fundraising (from line 44, column (D))				15	23,239
16 Payments to affiliates (attach schedule)				16	0
17 Total expenses (add lines 16 and 44, column (A))				17	162,707
18 Excess or (deficit) for the year (subtract line 17 from line 12)				18	39,283
19 Net assets or fund balances at beginning of year (from line 73, column (A))				19	-169,567
20 Other changes in net assets or fund balances (attach explanation)				20	0
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	-130,284

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	15,697	5,494	3,924
26	Other salaries and wages	26	13,144	13,144	
27	Pension plan contributions	27	0		
28	Other employee benefits	28	391		391
29	Payroll taxes	29	0		
30	Professional fundraising fees	30	430		430
31	Accounting fees	31	3,200	3,200	
32	Legal fees	32	0		
33	Supplies	33	2,622	1,966	656
34	Telephone	34	1,770	1,327	443
35	Postage and shipping	35	2,368	1,184	592
36	Occupancy	36	7,674	5,755	1,919
37	Equipment rental and maintenance	37	361	361	
38	Printing and publications	38	6,536	5,254	1,282
39	Travel	39	0		
40	Conferences, conventions, and meetings	40	0		
41	Interest	41	1,799	1,415	384
42	Depreciation, depletion, etc. (attach schedule)	42	1,284	1,284	
43	Other expenses not covered above (itemize). a Insurance	43a	1,092	1,092	
	b Dues	43b	567	567	
	c Miscellaneous	43c	5,221	349	1,496
	d Workman's Comp	43d	1,551	939	246
	e Memberships	43e	473	473	
	f Schedule Attached	43f	95,626	82,305	14,222
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	161,806	104,022	23,239

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 \$ 0; (ii) the amount allocated to Program services \$;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a WSC is a small professional theatre company that produces between 5-7 classical plays per season. The company also runs community acting classes and master acting classes. The plays are seen by approximately 8000 people per year. (Grants and allocations \$)	104,022
b (Grants and allocations \$)	
c (Grants and allocations \$)	
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	104,022

Part IV Balance Sheets (See page 25 of the instructions.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45	Cash—non-interest-bearing			45	
	46	Savings and temporary cash investments		210	46	938
	47 a	Accounts receivable	47a	0		
	b	Less: allowance for doubtful accounts	47b	0	47c	0
	48 a	Pledges receivable	48a	0		
	b	Less: allowance for doubtful accounts	48b	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a	0		
	b	Less: allowance for doubtful accounts	51b	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a	Investments—land, buildings, and equipment, basis	55a	10,755		
	b	Less: accumulated depreciation (attach schedule)	55b	4,319	55c	6,436
56	Investments—other (attach schedule)		0	56	0	
57 a	Land, buildings, and equipment: basis	57a	0			
b	Less: accumulated depreciation (attach schedule)	57b	0	57c	0	
58	Other assets (describe <input type="checkbox"/> SECURITY DEPOSITS)		311	58	311	
59	Total assets (add lines 45 through 58) (must equal line 74)		3,590	59	7,685	
Liabilities	60	Accounts payable and accrued expenses		81,556	60	58,948
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		23,500	63	29,500
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		16,000	64b	8,000
	65	Other liabilities (describe <input type="checkbox"/> See attached worksheet)		52,101	65	41,521
66	Total liabilities (add lines 60 through 65)		173,157	66	137,969	
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		-169,567	67	-130,284
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		-169,567	73	-130,284
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		3,590	74	7,685

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

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

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

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	----- \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	----- \$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	----- \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
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	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Ian Armstrong Str 1260 Kearney Street City Washington ST DC ZIP 20017	Title Treasurer Hr/WK	0	0	0
Name Alison Bethel Str 601 S Clark St City Arlington ST VA ZIP 22202	Title Hr/WK	0	0	0
Name Richard Cooper Str 4212 Rosemary St. City Chevy Chase ST MD ZIP 20815-5211	Title Hr/WK	0	0	0
Name Lee Mikeska Gard Str 4107 31st St. City Washington ST DC ZIP 20712	Title Hr/WK	15,696	0	0
Name Christopher Henle Str 601 S Clark St City Arlington ST VA ZIP 22202	Title Hr/WK	0	0	0
Name Vivian Kallen Str 2705 Upshur St City Arlington ST VA ZIP 22207	Title Hr/WK	0	0	0
Name Marc Okrand Str 1852 Columbia Road City Washington ST DC ZIP 20009	Title Hr/WK	0	0	0
Name Jerold Oshinsky Str 601 S Clark St City Arlington ST VA ZIP 22202	Title Hr/WK	0	0	0
Name Bill Perkins Str 6962 Duncraig Court City McLean ST VA ZIP 22101-1561	Title Vice President Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Play ticket sales					71,094
b Acting class fees					770
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			12	3	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			12	12,450	
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					4,520
102 Gross profit or (loss) from sales of inventory					1,040
103 Other revenue: a Debt forgiveness					49,866
b Miscellaneous					4,058
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		12,453	131,348
105 Total (add line 104, columns (B), (D), and (E))					143,801

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).
93a	The theatre offers affordable staging of classic plays that is within reach of the general public
93b	These classes were available to the general public and helped spark an interest in classic plays.
93c	These enable patrons to remain on the premises.

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	%		0	0
	%		0	0
	%		0	0
	%		0	0

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: *[Signature]* Date: 5/11/06

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 5/9/2006

Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): 494-64-2005

Firm's name (or yours if self-employed): Eileen D. Buffian

Address and ZIP: 1615 Q St NW # 208, Washington, DC 20009

EIN: 14-1842059

Phone no: (202) 265-0372

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2004

Supplementary Information—(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE WASHINGTON SHAKESPEARE COMPANY

54-1568294

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
Name Str NONE ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

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
Name Check here if a business <input type="checkbox"/> Str NONE ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services		

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 ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B). Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	
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	
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 ▶ _____ City _____ ST _____ Country _____
- 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.)
- 11 a 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.)
- 11 b 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.)

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.)	29,620	62,752	88,716	51,917	233,005
16 Membership fees received					0
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	124,847	80,753	108,927	95,613	410,140
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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	154,467	143,505	197,643	147,530	643,145
24 Line 23 minus line 17	29,620	62,752	88,716	51,917	233,005
25 Enter 1% of line 23	1,545	1,435	1,976	1,475	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 0
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
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 0
d Add Amounts from column (e) for lines: 18 0 19 0					26d 0
22 0 26b 0					26e 0
e Public support (line 26c minus line 26d total)					26e 0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 0.00%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) (2002) (2001) 5,500 (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: (2003) (2002) (2001) (2000)					
c Add Amounts from column (e) for lines: 15 233,005 16 0					27c 643,145
17 410,140 20 0 21 0					27d 5,500
d Add Line 27a total 5,500 and line 27b total 0					27e 637,645
e Public support (line 27c total minus line 27d total)					27e 637,645
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 643,145
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.14%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
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.					

* SEE STATEMENT 1

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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		

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

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

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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

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				
	(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:	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.

Line 1a (990) - Direct public support

1	Contributions	1	36,491
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7	Foundation	7	6,200
8	Corporate gifts	8	1,500
9		9	
10	Total	10	44,191

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1	Special event name	opia/Shakespea			
1a	Number of special events	3			
2	Gross receipts	4,520			4,520
3	Less contributions				0
4	Gross revenue	4,520	0	0	4,520
5	Less direct expenses				0
6	Net income or (loss)	4,520	0	0	4,520

Line 55 (990) - Investments land, buildings, and equipment

	Land (net of any amortization)	
	Beginning	End
1		
2		
3		
4		
5		
6	0	0

	Buildings and equipment		Accumulated depreciation	
	Beginning	End	Beginning	End
7	6,104	10,755	3,035	4,319
8				
9				
10				
11				
12				
13				
14				
15				
16				
17	6,104	10,755	3,035	4,319
18			3,069	6,436
19			3,069	6,436

Category or Item	Cost/Other Basis	Accumulated Depreciation	Book Value
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	0	0	0

Line 58 (990) - Other assets

		Beginning	End
1	SECURITY DEPOSITS	311	311
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	311	311

Line 63 (990) - Loans from officers, directors, trustees and key employees

	Name of lender	Title	Original amount	Balance due beginning of year	Balance due end of year
1	MARK ORKRAND		6,000	6,000	6,000
2	LEE MIKASA GARDNER		10,000	10,000	10,000
3	LEE MIKASA GARDNER		1,500	1,500	1,500
4	MARK ORKRAND		6,000	6,000	6,000
5	MARK ORKRAND		6,000	0	6,000
6					
7					
8					
9					
10					
11					
12					
13					
14	Totals		29,500	23,500	29,500

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1	NONE	3/21/2000	VARIOUS	NONE	%
2	NONE	4/10/2003	4/24/2006	35 PAYMENTS	6.66%
3	NONE	2/24/2003	VARIOUS	NONE	%
4	NONE	4/10/2004	VARIOUS	NONE	%
5	NONE	11/1/2004		None	
6					
7					
8					
9					
10					
11					
12					
13					

	Purpose of loan	Description and fair market value of consideration
1	GENERAL OPERATING EXPENSES	
2	GENERAL OPERATING EXPENSES	
3	GENERAL OPERATING EXPENSES	
4	GENERAL OPERATING EXPENSES	
5		
6		
7		
8		
9		
10		
11		
12		
13		

Line 64b (990) - Mortgages and other notes payable

Lender's name		Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1	BB&T	<input checked="" type="checkbox"/>	16,000	16,000	8,000
19	Totals		16,000	16,000	8,000

Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1 NONE	6/8/2004	10/8/2004		8.25%

Purpose of loan	Description of consideration	FMV of consideration
1 GENERAL OPERATING EXPENSES		

Line 65 (990) - Other liabilities

	Beginning	End
1 PAYROLL PENALTIES AND TAXES	50,421	38,679
2 BOOK OVERDRAFT	1,680	2,842
3		
4		
5		
6		
7		
8		
9		
10		
11 Total other liabilities	52,101	41,521

Occupancy

	Total:
1 Rent	960
2 Waste management	239
3 Water sewer	232
4 Building repairs and Maintenance	488
5	

990 Total: 5,755

1 Sewer	716
2 Rent- percentage of gate	2,879
3 Water	697
4 Building repairs and Maintenance	1,463
5	

Washington Shakespeare Company
Schedule of Functional Expenses
EIN 54-1568294

Description	Total	Program Services	Management and General	Fundraising
Actors, Directors	44358	44358		
Advertising	8730	6553		2177
Grant Expense				115
Miscellaneous Benefits				786
Set Costs	6034	6034		
Lighting	1418	1418		
Props	949	949		
Costumes	2199	2199		
Sound	246	246		
Other Production Costs	2320	2320		
Previous Productions	18209	18209		
Consulting fees	9125			9125
Public relations	2019			2019
Miscellaneous taxes	19	19		
Total Expenses	95626	82305	0	14222

The Washington Shakespeare Company
Depreciation Schedule

	Descriptor	Date in ser	Method/Co Life	Cost	Beginning AD	Current Depreciat	Ending Depreciation
Roof repair	05/03/05 SL			2000	0	33.33	33.33
Building renovation combinatio	10/04/99 SL			1022.85	281.30	102.29	383.59
Net for Building Renovation				3022.85	281.30	135.62	416.92
Computer and Electrical Equipment							
Speakers and Amp	07/29/04			1338.75	0.00	133.88	133.88
Wiring	12/31/04			1311.74	1.00	131.17	132.17
Lighting Board	10/25/99			1000.00	933.33	66.67	1000.00
Light Dimmer	10/08/01			500.00	275.00	100.00	375.00
Computer Boa	06/30/01			200.00	120.00	40.00	160.00
Lighting Rack	06/30/01			100.00	60.00	20.00	80.00
Copier	01/22/03			1906.58	540.06	381.32	921.38
Computer Boa	06/30/01			50.00	30.00	10.00	40.00
Subtotal Computer and Electrical Equipment				6407.07	1959.39	883.04	2842.43
Furniture and Equipment							
Table Saw	06/30/01			200.00	120.00	40.00	160.00
Lobby Furniture	06/30/01			200.00	120.00	40.00	160.00
Credit Card Machine	06/30/01			100.00	60.00	20.00	80.00
Refrigerator 1	06/30/01			100.00	60.00	20.00	80.00
Refrigerator 2	06/30/01			100.00	60.00	20.00	80.00
4 Desks	06/30/01			100.00	60.00	20.00	80.00
Conference Table	06/30/01			75.00	45.00	15.00	60.00
Microwave	06/30/01			50.00	30.00	10.00	40.00
Chop Saw	06/30/01			100.00	60.00	20.00	80.00
Metal Saw	06/30/01			100.00	60.00	20.00	80.00
Air Compressor	06/30/01			200.00	120.00	40.00	160.00
Total Furniture and Equipment				1325.00	795.00	265.00	1060.00
Total depreciation						1283.66	
Total				10754.92	3035.69	1283.66	4319.35

The Washington Shakespeare Company
EIN 54-1568294
Year Ended June 30, 2005

The Organization is compiling the list of donations both in excess of \$ 5,000 per donor as well as those made by "Disqualified Persons".

STATEMENT 1

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 990.

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	Name of Exempt Organization Washington Shakespeare Company	Employer identification number 54 1568294
	Number and street (include suite, room, or apt. no.) or P.O. box (no post office box) 601 S Clark Street	For RRT use only
	City, town or post office name, and ZIP code. For a group address, see instructions Arlington, VA 22202	

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

- Form 990
- Form 990-E
- Form 990-EZ
- Form 990-EF
- Form 930-1 (sec. 401(c) or 408(a) trust)
- Form 990-1 (trust other than above)
- Form 1041-A
- Form 1041-B
- Form 991
- Form 991-B
- Form 991-C
- Form 991-D
- Form 991-E
- Form 991-F
- Form 991-G
- Form 991-H
- Form 991-I
- Form 991-J
- Form 991-K
- Form 991-L
- Form 991-M
- Form 991-N
- Form 991-O
- Form 991-P
- Form 991-Q
- Form 991-R
- Form 991-S
- Form 991-T
- Form 991-U
- Form 991-V
- Form 991-W
- Form 991-X
- Form 991-Y
- Form 991-Z

STOP. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 990.

- The books are in the care of **Washington Shakespeare Company**
Telephone No. **703 418-4808** FAX No. **703 418-4809**
- 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 name and EIN of all members; the extension is for

1. I request an additional 3-month extension of time until May 15, 2006 US
2. For calendar year or other tax year beginning July 1, 2004 and ending June 30, 2005
3. If this is a year-to-date return, check reason: Initial return Final return Change in accounting period
4. State a brief why you need the extension: **WE WERE UNABLE TO COMPLETE OUR FINANCIAL AUDIT BY THE EXTENDED DUE DATE AND RESPECTFULLY REQUEST ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE RETURN**

- a. If this application is for Form 990-E, 990-EF, 930-1, 4720, or 6069, enter the refundable tax loss and nonrefundable credits. See instructions. \$
- b. If this application is for Form 990-EF, 990-1, 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 8878. \$
- c. **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or if required, deposit with EFTPS coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

Signature and Verification

I hereby declare that the information on this form is true and correct to the best of my knowledge and belief, and I am authorized to prepare this form.

Kristen M. ... *Executive Director* *1/1/06*

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the appropriate extension return.
- We have not approved the application. However, we have granted a 10-day grace period from the later of the date shown here or the date of the organization's return (including any prior extensions). The grace period is considered to be a valid extension of time to file the return, and you will not be charged any penalty or interest. Please attach this form to the extension return.
- We have not approved this application. After considering the reason stated on line 7, we cannot grant your request for an extension of time to file. We are responsible only for processing your return.
- We cannot consider the application because it is filed after the extended due date of the original year-end extension return.

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 AFFORDABLE BOOKKEEPING AND ACCOUNTING SERVICES
	Number and street (include suite, room, or apt. no.) or a P.O. box number PO BOX 15012
	City or town, province or state, and country (including postal or ZIP code) ALEXANDRIA VA 22305

APR 15 2006
ADDRESS SERVICE UNIT

