

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **APR 1, 2004** and ending **MAR 31, 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 AVON THEATRE FILM CENTER, INC.		D Employer identification number 90-0069073
		Number and street (or P O box if mail is not delivered to street address)		E Telephone number
		8 SOUND SHORE DRIVE		(203) 869-3541
		City or town, state or country, and ZIP + 4 GREENWICH, CT 06830		F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number ▶
M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ **N/A****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 ▶ **913,735.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received.				
	a Direct public support	1a	444,320.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 444,320. noncash \$)			1d	444,320.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	353,599.
	3 Membership dues and assessments			3	24,349.
	4 Interest on savings and temporary cash investments			4	197.
	5 Dividends and interest from securities			5	
	6a Gross rents	6a			
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)			6c		
7 Other investment income (describe ▶)			7		
	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less: cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐			8d	
	a Gross revenue (not including \$ 5,003. of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b	865.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	<865.>
	10a Gross sales of inventory, less returns and allowances	10a	87,770.		
	b Less: cost of goods sold	10b	75,624.		
Expenses	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	12,146.
	11 Other revenue (from Part VII, line 103)			11	3,500.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	837,246.
	13 Program services (from line 44, column (B))			13	753,600.
	14 Management and general (from line 44, column (C))			14	250,539.
	15 Fundraising (from line 44, column (D))			15	92,119.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	1,096,258.
	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	<259,012.>
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	998,792.
Net Assets	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	739,780.

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01-13-05

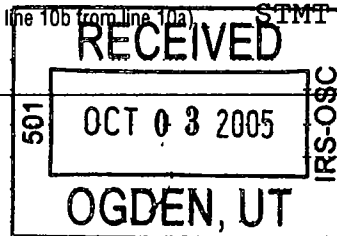
LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

14370819 785672 AVON

2004.05002 AVON THEATRE FILM CENTER, I AVON 15

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SCANNED OCT 19 2005

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule)					
	(cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	27,692.	0.	0.	27,692.
26	Other salaries and wages	26	216,036.	144,717.	71,319.	
27	Pension plan contributions	27				
28	Other employee benefits	28	30,760.		17,431.	13,329.
29	Payroll taxes	29	22,426.	13,954.	6,340.	2,132.
30	Professional fundraising fees	30				
31	Accounting fees	31	43,172.		43,172.	
32	Legal fees	32				
33	Supplies	33	23,529.	15,857.	7,400.	272.
34	Telephone	34	8,546.	1,495.	7,051.	
35	Postage and shipping	35	17,103.	16,097.	523.	483.
36	Occupancy	36	94,970.	94,560.		410.
37	Equipment rental and maintenance	37	3,037.	2,886.	151.	
38	Printing and publications	38	16,517.	3,431.	874.	12,212.
39	Travel	39	3,068.	1,676.	204.	1,188.
40	Conferences, conventions, and meetings	40	1,312.		1,312.	
41	Interest	41	10.		10.	
42	Depreciation, depletion, etc (attach schedule)	42	234,656.	234,656.		
43	Other expenses not covered above (itemize)					
a		43a				
b		43b				
c		43c				
d		43d				
e	SEE STATEMENT 4	43e	353,424.	224,271.	94,752.	34,401.
Total functional expenses (add lines 22 through 43)						
Organizations completing columns (B)-(D), carry these totals to lines 13-15		44	1,096,258.	753,600.	250,539.	92,119.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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	EXHIBITION OF EDUCATIONAL FILMS AND FILMS OF INDEPENDENT AND/OR EMERGING FILMMAKERS				
		(Grants and allocations \$ _____)			753,600.
b					
		(Grants and allocations \$ _____)			
c					
		(Grants and allocations \$ _____)			
d					
		(Grants and allocations \$ _____)			
e	Other program services (attach schedule)				
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				753,600.

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	105,740.	45	61,770.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 4,846.		
	b Less allowance for doubtful accounts	47b	47c	4,846.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	2,020.	52	1,682.
	53 Prepaid expenses and deferred charges	21,764.	53	28,194.
	54 Investments - securities ☐ Cost ☐ FMV		54	
	55 a Investments - land, buildings, and equipment, basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 970,878.			
b Less accumulated depreciation STMT 6	57b 268,340.	910,395.	57c	702,538.
58 Other assets (describe ☐)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,039,919.	59	799,030.	
Liabilities	60 Accounts payable and accrued expenses	41,127.	60	47,302.
	61 Grants payable		61	
	62 Deferred revenue		62	11,948.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ☐)		65	
66 Total liabilities (add lines 60 through 65)	41,127.	66	59,250.	
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	998,792.	67	737,682.
	68 Temporarily restricted		68	2,098.
	69 Permanently restricted		69	
	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)	998,792.	73	739,780.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,039,919.	74	799,030.

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

a	Total revenue, gains, and other support per audited financial statements	a	860,446.
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 \$ 23,200.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	23,200.
c	Line a minus line b	c	837,246.
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	837,246.

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

a	Total expenses and losses per audited financial statements	a	1,119,458.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 23,200.		
(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	23,200.
c	Line a minus line b	c	1,096,258.
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	1,096,258.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(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
CHARLES M. ROYCE 172 INDIAN HEAD RD RIVERSIDE, CT 06878	PRESIDENT			
	5	0.	0.	0.
DAVID SHEVLIN 425 LEXINGTON AVE NEW YORK, NY 10017-3954	SECRETARY			
	1	0.	0.	0.
MICHAEL HVEEM 91 PHEASANT LANE BROOKLYN, CT 06234	TREASURER			
	40	0.	0.	0.
DEBORAH ROYCE 172 INDIAN HEAD RD RIVERSIDE, CT 06878	BOARD MEMBER			
	5	0.	0.	0.
JOHN FARR 419 CANTITOE ROAD BEDFORD HILLS, NY 10507	BOARD MEMBER			
	5	27,692.	13,329.	0.
OLIVIA FARR 419 CANTITOE ROAD BEDFORD HILLS, NY 10507	BOARD MEMBER			
	5	0.	0.	0.

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

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	
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 ☐ 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	
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	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
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	
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	
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 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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 <u>CT</u>		
b Number of employees employed in the pay period that includes March 12, 2004	90b	23
91 The books are in care of <u>MICHAEL HVEEM</u> Telephone no <u>(203) 869-3541</u>		

Located at 8 SOUND SHORE DR, SUITE 140, GREENWICH, CTZIP + 4 0683092 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <u>TICKET SALES</u>					353,599.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					24,349.
95 Interest on savings and temporary cash investments			14	197.	
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			01	<865.>	
102 Gross profit or (loss) from sales of inventory			03	12,146.	
103 Other revenue.					
a <u>OTHER INCOME</u>			01	3,500.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		14,978.	377,948.
105 Total (add line 104, columns (B), (D), and (E))					392,926.

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	EXHIBITION OF EDUCATIONAL FILMS IS MAIN MISSION OF ORGANIZATION

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).

I, under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I am not aware of any information of which preparer has any knowledge.

7/29/05

Michael Hveem, Treasurer

Date

Type or print name and title

Date

Check if
self-

Preparer's SSN or PTIN

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

AVON THEATRE FILM CENTER, INC.

Employer identification number

90 0069073

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
N/A				
Total number of other employees paid over \$50,000	0			

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
Total number of others receiving over \$50,000 for professional services	0	

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

- 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

- 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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 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)

b Do you have a section 403(b) annuity plan for your employees?

- 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?

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

	Yes	No
1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3a		X
3b		X
4a		X
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.)

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.)	1,200,000.				1,200,000.
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	40,486.				40,486.
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	243.				243.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,200,000.		SEE STATEMENT 7		1,200,000.
23 Total of lines 15 through 22	2,440,729.	0.	0.	0.	2,440,729.
24 Line 23 minus line 17	2,400,243.				2,400,243.
25 Enter 1% of line 23	24,407.				
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 48,005.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,400,243.
d Add: Amounts from column (e) for lines 18 <u>243.</u> 19 <u> </u>					26d 1,200,243.
22 <u>1,200,000.</u> 26b <u> </u>					26e 1,200,000.
e Public support (line 26c minus line 26d total)					26f 49.9949%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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 <u> </u> 16 <u> </u>					27c N/A
17 <u> </u> 20 <u> </u> 21 <u> </u>					27d N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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)

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?

Yes No

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following.

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

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

35

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 groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

N/A

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)**36****37** Total lobbying expenditures to influence a legislative body (direct lobbying)**37****38** Total lobbying expenditures (add lines 36 and 37)**38****39** Other exempt purpose expenditures**39****40** Total exempt purpose expenditures (add lines 38 and 39)**40****41** Lobbying nontaxable amount Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41**42** Grassroots nontaxable amount (enter 25% of line 41)**42****43** Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36**43****44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38**44****Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

N/A

Calendar year (or fiscal year beginning in) ▶	(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)

N/A

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

- 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.

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?

- 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

N/A

423151
11-24-04

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
22	ROOF REPAIRS	030104SL		4.25	16	94,049.			94,049.	3,688.		22,129.
23	BATHROOM/CONCESSION	030104SL		4.25	16	52,584.			52,584.	2,062.		12,373.
24	9 LIGHTOLIER RECESS LIGHTS	030104SL		4.25	16	8,481.			8,481.	333.		1,996.
25	EMERGENCY AND EXIT LIGHTING	030104SL		4.25	16	15,482.			15,482.	607.		3,643.
26	LEASEHOLD IMPROVEMENT	030104SL		4.25	16	13,098.			13,098.	513.		3,082.
27	ADT SECURITY SYSTEM	030104SL		4.25	16	5,424.			5,424.	212.		1,276.
28	AISLE LIGHTING SYSTEM	030104SL		4.25	16	5,978.			5,978.	235.		1,407.
29	COMPRESSOR FOR ROOF TOP UNIT	030104SL		4.25	16	13,956.			13,956.	547.		3,284.
30	THEATRE SIGNS	030104SL		4.25	16	52,187.			52,187.	2,046.		12,279.
31	POSTERS	030104SL		4.25	16	6,127.			6,127.	240.		1,442.
32	CONCESSION STAND EQUIPMENT	030104SL		4.25	16	12,899.			12,899.	506.		3,035.
33	PAINT AND PLASTER	030104SL		4.25	16	131,561.			131,561.	5,158.		30,956.
34	FIRE DOORS	030104SL		4.25	16	8,760.			8,760.	343.		2,061.
35	LEASEHOLD IMPROVEMENT	030104SL		4.25	16	8,628.			8,628.	338.		2,030.
36	CURTAINS AND DRAPES	030104SL		4.25	16	25,000.			25,000.	980.		5,882.
37	RENOVATE 600 SEATS	030104SL		4.25	16	31,878.			31,878.	1,250.		7,501.
38	REPLACE BRASSWORK	030104SL		4.25	16	3,737.			3,737.	146.		879.

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10-08-04

(D) - Asset disposed

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

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
39	CARPET	030104SL		4.25	16	55,938.			55,938.	2,193.		13,162.
40	HOTWATER HEATER	030104SL		4.25	16	15,480.			15,480.	607.		3,642.
41	LEASEHOLD IMPROVEMENT	030104SL		4.25	16	159,651.			159,651.	6,269.		37,565.
42	PRE-OPENING COST PANELS AROUND SOAD	030104SL		4.25	16	120,674.			120,674.			26,110.
51	FOUNDATION	050104SL		4.08	16	550.			550.			123.
52	BRASS LETTERS FOR THEATRE LOBBY	110104SL		3.42	16	1,952.			1,952.			238.
53	OCTAGONAL WINDOWS	040104SL		4.25	16	2,225.			2,225.			611.
	* 990 PAGE 2 TOTAL BUILDINGS					846,299.		0.	846,299.	28,273.	0.	196,706.
	FURNITURE & FIXTURES											
11	LOBBY ROPES AND STANC.	020104SL		5.00	16	3,775.			3,775.	126.		755.
21	TELEPHONE SYSTEM	020104SL		3.00	16	6,820.			6,820.	379.		2,273.
31	FRAMS FOR LOBBY	020104SL		5.00	16	1,300.			1,300.	43.		260.
41	LACE & GROMMET SCREEN	020104SL		5.00	16	1,258.			1,258.	42.		252.
51	LOBBY FURNITURES	020104SL		5.00	16	2,769.			2,769.	92.		554.
61	WIRELESS MICROPHONE STORAGE & DISPLAY	020104SL		3.00	16	618.			618.	34.		206.
71	CABINET	020104SL		5.00	16	1,425.			1,425.	48.		285.
81	TICKET CHOPPER CABINET	020104SL		5.00	16	600.			600.	20.		120.
91	COMPUTER STATION CABINET	020104SL		5.00	16	1,450.			1,450.	48.		290.

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(D) - Asset disposed

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

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
10	CAMERA	030104SL		3.00	16	1,398.			1,398.	77.		466.
11	LENSES, MASKING FOR	030104SL		3.00	16	1,645.			1,645.	91.		548.
12	LENSES, KELMAR MOTOR	030104SL		3.00	16	1,456.			1,456.	81.		485.
13	ISPPED CONTROL	030104SL		3.00	16	24,514.		0.	24,514.	1,081.	0.	6,494.
14	CENTUREY VERTICAL											
15	SHAFT											
16	* 990 PAGE 2 TOTAL											
17	FURNITURE & FIXTURES											
18	MACHINERY & EQUIPMENT											
19	SOUND PROJECTION	030104SL		3.00	16	44,078.			44,078.	2,449.		14,693.
20	SYSTEM	030104SL		3.00	16	1,405.			1,405.	78.		468.
21	SOUND SYSTEM	030104SL		3.00	16	1,723.			1,723.	96.		574.
22	SPEAKERS-JBL FOR SOUND	030104SL		3.00	16	10,995.			10,995.	611.		3,665.
23	SYSTEM	030104SL		3.00	16	5,680.			5,680.	315.		1,893.
24	DOLBY READER	030104SL		3.00	16	9,923.			9,923.	551.		3,308.
25	XETRON SPEAKER	030104SL		3.00	16	2,486.			2,486.	138.		829.
26	MOUNTING SYSTEM	030104SL		3.00	16	1,264.			1,264.	70.		421.
27	RTS SYSTEM	030104SL		3.00	16	439.			439.	22.		146.
28	HEARING IMPAIRED	030104SL		3.00	16	7,439.			7,439.			2,480.
29	TRANSMITTER	030104SL		3.00	16	1,887.			1,887.			367.
30	DOLBY CP-650 #2 SYSTEM	030104SL		3.00	16	500.			500.			56.
31	PRINTER FOR RTS SYSTEM	030104SL		3.00	16	6,298.			6,298.			1,749.
32	3 COMPUTERS & 2	040104SL		3.00	16							
33	PRINTERS	090104SL		3.00	16							
34	COMPUTER FOR THEATRE	120104SL		3.00	16							
35	LASER JET PRINTER	060104SL		3.00	16							
36	THEATRE LENS											

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(D) - Asset disposed

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

2004 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
47	WIRELESS MICROPHONE	070104SL		3.00	16	547.			547.			137.
48	FURNITURE / SLIP	110104SL		3.00	16	2,513.			2,513.			349.
49	COVERS	120104SL		3.00	16	1,464.			1,464.			163.
50	3 SEIN. WIRELESS	120104SL		3.00	16	1,424.			1,424.			158.
502	MICROPHONES					100,065.		0.	100,065.	4,330.	0.	31,456.
	ORSAM WH					970,878.		0.	970,878.	33,684.	0.	234,656.
	* 990 PAGE 2 TOTAL											
	MACHINERY & EQUIPMENT											
	* GRAND TOTAL 990 PAGE											
	2 DEPR											

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(D) - Asset disposed

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

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
MOVIE EVENT	5,003.	5,003.		865.	<865.>
TO FM 990, PART I, LINE 9	5,003.	5,003.		865.	<865.>

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 2
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INCOME

1. GROSS RECEIPTS	87,770	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		87,770
4. COST OF GOODS SOLD (LINE 13)	75,624	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		12,146

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	2,020	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	16,895	
10. OTHER COSTS	58,391	
11. ADD LINES 6 THROUGH 10		77,306
12. INVENTORY AT END OF YEAR	1,682	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		75,624

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
DESCRIPTION		AMOUNT	
SALARIES & RELATED EXPENSES		53,282.	
SALE TAX EXPENSE		5,109.	
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B		58,391.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
OPERATING EXPENSES	168,893.	168,893.			
MARKETING EXPENSES	50,659.	20,950.	16,854.	12,855.	
INSURANCE	18,973.		18,973.		
TAXES	31,546.	19,230.	12,316.		
OTHERS	13,448.	6,670.	6,407.	371.	
DONATIONS	4,141.	2,369.	1,298.	474.	
OTHER PROFESSIONAL FEES	49,199.	4,024.	36,775.	8,400.	
MEALS	15,056.	2,035.	2,064.	10,957.	
ENTERTAINMENT	1,509.	100.	65.	1,344.	
TOTAL TO FM 990, LN 43	353,424.	224,271.	94,752.	34,401.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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EXPLANATION

THE CENTER PROMOTES AND FOSTERS A PUBLIC APPRECIATION OF THE CINEMATIC ARTS

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LOBBY ROPES AND STANC.	3,775.	881.	2,894.
TELEPHONE SYSTEM	6,820.	2,652.	4,168.
ART FRAMS FOR LOBBY	1,300.	303.	997.
LACE & GROMMET SCREEN	1,258.	294.	964.
LOBBY FURNITURES	2,769.	646.	2,123.
WIRELESS MICROPHONE	618.	240.	378.
STORAGE & DISPLAY CABINET	1,425.	333.	1,092.
TICKET CHOPPER CABINET	600.	140.	460.
COMPUTER STATION CABINET	1,450.	338.	1,112.
LENSES, MASKING FOR CAMERA	1,398.	543.	855.
LENSES, KELMAR MOTOR SPPED CONTROL	1,645.	639.	1,006.
CENTUREY VERTICAL SHAFT	1,456.	566.	890.
SOUND PROJECTION SYSTEM	44,078.	17,142.	26,936.
SOUND SYSTEM	1,405.	546.	859.
SPEAKERS-JBL FOR SOUND SYSTEM	1,723.	670.	1,053.
DOLBY READER	10,995.	4,276.	6,719.
XETRON SPEAKER MOUNTING SYSTEM	5,680.	2,208.	3,472.
RTS SYSTEM	9,923.	3,859.	6,064.
HEARING IMPAIRED TRANSMITTER	2,486.	967.	1,519.
DOLBY CP-650 #2 SYSTEM	1,264.	491.	773.
PRINTER FOR RTS SYSTME	439.	168.	271.
ROOF REPAIRS	94,049.	25,817.	68,232.
BATHROOM/CONCESSION	52,584.	14,435.	38,149.
9 LIGHTOLIER RECESS LIGHTS	8,481.	2,329.	6,152.
EMERGENCY AND EXIT LIGHTING	15,482.	4,250.	11,232.
LEASEHOLD IMPROVEMENT	13,098.	3,595.	9,503.
ADT SECURITY SYSTEM	5,424.	1,488.	3,936.
AISLE LIGHTING SYSTEM	5,978.	1,642.	4,336.
COMPRESSOR FOR ROOF TOP UNIT	13,956.	3,831.	10,125.
THEATRE SIGNS	52,187.	14,325.	37,862.
POSTERS	6,127.	1,682.	4,445.
CONCESSION STAND EQUIPMENT	12,899.	3,541.	9,358.
PAINT AND PLASTER	131,561.	36,114.	95,447.
FIRE DOORS	8,760.	2,404.	6,356.
LEASEHOLD IMPROVEMENT	8,628.	2,368.	6,260.
CURTAINS AND DRAPES	25,000.	6,862.	18,138.
RENNOVATE 600 SEATS	31,878.	8,751.	23,127.
REPLACE BRASSWORK	3,737.	1,025.	2,712.
CARPET	55,938.	15,355.	40,583.
HOTWATER HEATER	15,480.	4,249.	11,231.
LEASEHOLD IMPROVEMENT	159,651.	43,834.	115,817.
PRE-OPENING COST	120,674.	26,110.	94,564.
3 COMPUTERS & 2 PRINTERS	7,439.	2,480.	4,959.
COMPUTER FOR THEATRE	1,887.	367.	1,520.
LASER JET PRINTER	500.	56.	444.

6 THEATRE LENS	6,298.	1,749.	4,549.
WIRELESS MICROPHONE	547.	137.	410.
FURNITURE / SLIP COVERS	2,513.	349.	2,164.
3 SEIN. WIRELESS MICROPHONES	1,464.	163.	1,301.
2 ORSAM WH	1,424.	158.	1,266.
PANELS AROUND SOAD FOUNDATION	550.	123.	427.
BRASS LETTERS FOR THEATRE LOBBY	1,952.	238.	1,714.
OCTANGONAL WINDOWS	2,225.	611.	1,614.
TOTAL TO FORM 990, PART IV, LN 57	970,878.	268,340.	702,538.

SCHEDULE A	OTHER INCOME			STATEMENT 7
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
ROYCE FAMILY FUNDS	1,200,000.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	1,200,000.	0.	0.	0.

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

OMB No. 1545-1709

► File a separate application for each return.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
	AVON THEATRE FILM CENTER, INC.	90-0069073
	Number, street, and room or suite no. If a P.O. box, see instructions. 8 SOUND SHORE DRIVE, NO. 140	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENWICH, CT 06830	

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 ► **MICHAEL HVEEM**

Telephone No. ► **(203) 869-3541**

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 **NOVEMBER 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **APR 1, 2004**, and ending **MAR 31, 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.LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 12-2004)