

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2006

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning <u>2006</u> , and ending <u>20</u>				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;">Please use IRS label or print or type. See Specific Instructions.</td> <td style="width: 60%;"> C Name of organization <u>BLACKWOOD THEATER ORGAN SOCIETY</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>118 BLACKWOOD LANE</u> City or town, state or country, and ZIP + 4 <u>HARRISVILLE, PA 16038</u> </td> <td style="width: 30%;"> D Employer identification number <u>25-1833591</u> E Telephone number <u>(412) 367-3239</u> F Group Exemption Number . . . ▶ </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>BLACKWOOD THEATER ORGAN SOCIETY</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>118 BLACKWOOD LANE</u> City or town, state or country, and ZIP + 4 <u>HARRISVILLE, PA 16038</u>	D Employer identification number <u>25-1833591</u> E Telephone number <u>(412) 367-3239</u> F Group Exemption Number . . . ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G** Accounting method. Cash Accrual Other (specify) ▶

I Website: ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

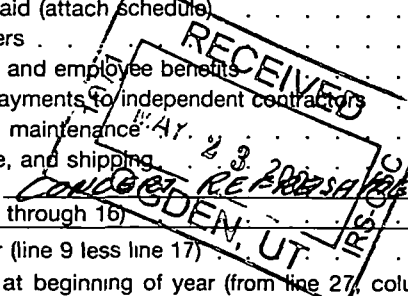
J Organization type (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 32230

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

	Description		Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received	20490
	2	Program service revenue including government fees and contracts	6605
	3	Membership dues and assessments	0
	4	Investment income	5135
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	
	6b	Less: direct expenses other than fundraising expenses	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	0	
7a	Gross sales of inventory, less returns and allowances		
	7b	Less: cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	0
8	Other revenue (describe ▶ _____)	0	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	32230	
Expenses	10	Grants and similar amounts paid (attach schedule)	9500
	11	Benefits paid to or for members	0
	12	Salaries, other compensation, and employee benefits	0
	13	Professional fees and other payments to independent contractors	4683
	14	Occupancy, rent, utilities, and maintenance	2532
	15	Printing, publications, postage, and shipping	147
	16	Other expenses (describe ▶ <u>CONDUCT REPRESENTATIVE COSTS</u>)	3632
17	Total expenses (add lines 10 through 16)	20494	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	11736
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	123824
	20	Other changes in net assets or fund balances (attach explanation)	0
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	135560



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

	Description		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		123824	22	135560
23	Land and buildings		0	23	0
24	Other assets (describe ▶ _____)		0	24	0
25	Total assets		123824	25	135560
26	Total liabilities (describe ▶ _____)		0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		123824	27	135560

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)

What is the organization's primary exempt purpose? *Preserve theater pipe organ and silent films as art & provide scholarships for*

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Line	Description	Grants	Foreign Grants	Expenses
28	<i>July 16 - Rob Richards and Ralph Walter (theater organists from CA) presented benefit concert for MAKE-A-WISH. Over 200 persons attended. Donations payable directly to MAKE-A-WISH. REFRESHMENTS.</i>	0	<input type="checkbox"/>	2448
29	<i>SEPT. 10 - Summer Silent Film Classic: "Palstage (Buster Keaton) and "Big Business" (LAUREL & HARDY) silent movies accompanied by theater organist Jim Riegs from CA. 90 persons attended. Refreshments.</i>	0	<input type="checkbox"/>	878
30	<i>Oct 8 - Scholarship Dinner-Concert featuring Selani Eddington (world's greatest theater organist) from IL. attended by 70 persons. Dinner catered by Tallulah's.</i>	0	<input type="checkbox"/>	5091
31	<i>Other program services (attach schedule) Auditions for scholarships. Recital at Trick (2009 in scholarships awarded to 5 High School Seniors pursuing music career)</i>	0	<input type="checkbox"/>	1305 9500
32	Total program service expenses (add lines 28a through 31a)			19222

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 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
<i>Benjamin Robertson 118 Blackwood Lane, Harrisville, PA</i>	<i>PRESIDENT 10 HRS/WK.</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
<i>Donald Fink 118 Blackwood Lane, Harrisville, PA</i>	<i>VICE PRESIDENT 2 HRS/WK</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
<i>MARNA BOENAR 839 Peters Dr, Glenshaw, PA</i>	<i>SECRETARY 2 HRS/WK</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
<i>ANNA E. DICKBY 2428 Huntingdon Dr, Pottsville, PA</i>	<i>TREASURER 5 HRS/WK</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>

Part V Other Information (Note the statement requirement in General Instruction V.)

Line	Description	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0- ; section 4912 ▶ 0- ; section 4955 ▶ 0-

	Yes	No
40b		✓
40c		
40d		
40e		✓

b 501(c)(3) and (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 an explanation . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0-

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0-

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

41 List the states with which a copy of this return is filed. ▶

42a The books are in care of ▶ ANNA E. DIGBY Telephone no. ▶ (412) 835-8056
 Located at ▶ 2428 HUNTINGTON DR, PITTSBURGH, PA ZIP + 4 ▶ 15241-2531

	Yes	No
42b		✓
42c		✓

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

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

Please Sign Here

Signature of officer: Anna E. Digby Date: 5-10-2006
 Type or print name and title: ANNA E. DIGBY, TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. X): _____
 EIN: _____ Phone no: () _____

Blackwood Theater Organ Society EIN 25-1833591

SCHOLARSHIP AWARDS FOR YEAR 2006

Kevin Rabold \$3000.00

1590 Arndt Rd

Pittsburgh, PA 15237

Christina Burke \$2500.00

189 McDevitt Rd

Beaver Falls, PA 15010

Claire Rhein \$2000.00

804 Azure Ct

Cranberry Twp, PA 16066

Jocelyn Plant \$2000.00

135 Grouse Dr

Elizabeth, PA 15037