

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

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 2005 calendar year, or tax year beginning **July 1**, 2005, and ending **June 30**, 20 **06**

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

C Name of organization: **Bergen Performing Arts Center, Inc.**
 Number and street (or P O box if mail is not delivered to street address) Room/suite: **30 North Van Brunt Street**
 City or town, state or country, and ZIP + 4: **Englewood, NJ 07631**

D Employer identification number: **30 : 0194642**

E Telephone number: **(201) 816-8160**

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ **www.bergenpac.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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

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

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a		1,420,553	
	b Indirect public support	1b		-0-	
	c Government contributions (grants)	1c		179,000	
	d Total (add lines 1a through 1c) (cash \$ 1,493,844 noncash \$ 105,709)		1d		1,599,553
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		2,585,582
	3 Membership dues and assessments		3		-0-
	4 Interest on savings and temporary cash investments		4		12,304
	5 Dividends and interest from securities		5		101
	6a Gross rents	6a		-0-	
	b Less: rental expenses	6b		-0-	
	c Net rental income or (loss) (subtract line 6b from line 6a)		6c		-0-
7 Other investment income (describe ▶)		7		-0-	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		-0-	8a	-0-	
	b Less: cost or other basis and sales expenses	-0-	8b	-0-	
	c Gain or (loss) (attach schedule)	-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 \$ 73,610 of contributions reported on line 1a)	9a		672,825	
	b Less: direct expenses other than fundraising expenses	9b		324,349	
	c Net income or (loss) from special events (subtract line 9b from line 9a)		9c		348,476
10a Gross sales of inventory, less returns and allowances		10a		-0-	
	b Less: cost of goods sold	10b		-0-	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		-0-
11 Other revenue (from Part VII, line 103)		11		-0-	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12		4,546,016	
Expenses	13 Program services (from line 44, column (B))		13		3,810,782
	14 Management and general (from line 44, column (C))		14		1,171,823
	15 Fundraising (from line 44, column (D))		15		185,420
	16 Payments to affiliates (attach schedule)		16		-0-
	17 Total expenses (add lines 13 and 14, column (A))		17		5,168,030
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)		18		(622,009)
	19 Net assets or fund balances at beginning of year (from line 7a, column (A))		19		893,225
	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		271,216

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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 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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	-0-	-0-	
23	Specific assistance to individuals (attach schedule)	23	-0-	-0-	
24	Benefits paid to or for members (attach schedule)	24	-0-	-0-	
25	Compensation of officers, directors, etc.	25	-0-	-0-	-0-
26	Other salaries and wages	26	896,809	410,377	366,798
27	Pension plan contributions	27	2,391	2,391	-0-
28	Other employee benefits	28	49,383	-0-	49,383
29	Payroll taxes	29	85,105	-0-	85,105
30	Professional fundraising fees	30	-0-	-0-	-0-
31	Accounting fees	31	17,454	-0-	17,454
32	Legal fees	32	-0-	-0-	-0-
33	Supplies	33	50,812	18,609	32,203
34	Telephone	34	21,669	-0-	21,669
35	Postage and shipping	35	82,847	60,252	21,866
36	Occupancy	36	131,617	47,017	84,601
37	Equipment rental and maintenance	37	37,650	417	37,233
38	Printing and publications	38	199,598	197,821	-0-
39	Travel	39	10,123	-0-	8,848
40	Conferences, conventions, and meetings	40	-0-	-0-	-0-
41	Interest	41	81,349	-0-	81,349
42	Depreciation, depletion, etc. (attach schedule)	42	154,073	-0-	154,073
43	Other expenses not covered above (itemize).				
a	see statement 1	43a	3,347,149	3,073,899	211,245
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	.....	43e			
f	.....	43f			
g	.....	43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,168,030	3,810,782	1,171,828

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 (See the instructions.)

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.

What is the organization's primary exempt purpose? ► see statement 2
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 All expenses related to performances presented in accordance with the Company's stated mission.
Details available upon request

(Grants and allocations \$) If this amount includes foreign grants, check here ►

3,810,782

b _____

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c _____

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d _____

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ►

3,810,782

Part IV Balance Sheets (See the instructions.)

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	134,179	45	12,164	
	46	Savings and temporary cash investments	503,501	46	-0-	
	47a	Accounts receivable	268,551			
	b	Less: allowance for doubtful accounts	-0-	26,434	47c	268,551
	48a	Pledges receivable	476,726			
	b	Less: allowance for doubtful accounts	-0-	239,625	48c	476,726
	49	Grants receivable	-0-	49	-0-	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)	-0-	50	-0-	
	51a	Other notes and loans receivable (attach schedule)	-0-			
	b	Less: allowance for doubtful accounts	-0-	-0-	51c	-0-
	52	Inventories for sale or use	-0-	52	-0-	
	53	Prepaid expenses and deferred charges	557,026	53	15,430	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	-0-	54	9,716	
	55a	Investments—land, buildings, and equipment, basis	-0-			
	b	Less: accumulated depreciation (attach schedule)	-0-	-0-	55c	-0-
56	Investments—other (attach schedule)	-0-	56	100,000		
57a	Land, buildings, and equipment: basis	2,358,962				
b	Less: accumulated depreciation (attach schedule)	296,937	2,066,207	57c	2,062,025	
58	Other assets (describe ► Net bond costs, security deposit)	77,328	58	81,731		
59	Total assets (must equal line 74). Add lines 45 through 58	3,604,300	59	3,026,343		
Liabilities	60	Accounts payable and accrued expenses	727,871	60	354,001	
	61	Grants payable	-0-	61	-0-	
	62	Deferred revenue	67,673	62	288,670	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	-0-	63	200,000	
	64a	Tax-exempt bond liabilities (attach schedule)	-0-	64a	-0-	
	b	Mortgages and other notes payable (attach schedule)	1,915,531	64b	1,912,655	
	65	Other liabilities (describe ►)	-0-	65	-0-	
66	Total liabilities. Add lines 60 through 65	2,711,075	66	2,755,326		
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	893,225	67	271,017	
	68	Temporarily restricted	-0-	68	-0-	
	69	Permanently restricted	-0-	69	-0-	
	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)		73			
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	3,604,300	74	3,026,343		

Part VII Analysis of Income-Producing Activities (See 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 Ticket Sales					1,942,199
b Ticket fees and commission income					112,152
c Theater rental income					210,271
d Playbill and ticket advertising					125,140
e Dance school revenue					195,820
f Medicare/Medicaid payments					-0-
g Fees and contracts from government agencies					-0-
94 Membership dues and assessments					-0-
95 Interest on savings and temporary cash investments					-0-
96 Dividends and interest from securities					-0-
97 Net rental income or (loss) from real estate:					
a debt-financed property					-0-
b not debt-financed property					-0-
98 Net rental income or (loss) from personal property					-0-
99 Other investment income					-0-
100 Gain or (loss) from sales of assets other than inventory					-0-
101 Net income or (loss) from special events					-0-
102 Gross profit or (loss) from sales of inventory					-0-
103 Other revenue: a _____					-0-
b _____					-0-
c _____					-0-
d _____					-0-
e _____					-0-
104 Subtotal (add columns (B), (D), and (E))					2,585,582
105 Total (add line 104, columns (B), (D), and (E))					2,585,582

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 the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See statement 4


Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here:  Date: 2/15/07
 Signature of officer: **Frank Hutto, III** President
 Type or print name and title

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

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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization

Bergen Performing Arts Center, Inc.

Employer identification number

30 0194642

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
David D. Rodriguez 102 Davison Pl, Englewood, NJ 07631	Executive Director 50 hrs	\$ 81,346	-0-	-0-
Andre Loh 38 Beechwood Rd, Oradell, NJ 07649	Chief Financial Officer 45 hrs	\$ 115,251	-0-	-0-
Mark Green 1774 Rensselaer Rd, Teaneck, NJ 07666	General Manager 50 hrs	\$ 61,154	-0-	-0-
Roberta Mathes 555 North Ave, Fort Lee, NJ 07024	Director of Dance 45 hrs	\$ 55,115	-0-	-0-
Total number of other employees paid over \$50,000 ▶				

Part II-A 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
Ritta & Associates 555 Grand Ave, Englewood, NJ 07631	marketing design services	\$56,734
Total number of others receiving over \$50,000 for professional services ▶ -0-		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶ -0-		

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
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	✓
b	Lending of money or other extension of credit?	2b	✓
c	Furnishing of goods, services, or facilities?	2c	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e	Transfer of any part of its income or assets?	2e	✓
3a	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	✓
b	Do you have a section 403(b) annuity plan for your employees?	3b	✓
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	✓
4a	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	✓

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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	802,758	-0-	-0-	-0-	802,758
16 Membership fees received	-0-	-0-	-0-	-0-	-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	-0-	-0-	-0-	-0-	-0-
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	139	-0-	-0-	-0-	139
19 Net income from unrelated business activities not included in line 18,	-0-	-0-	-0-	-0-	-0-
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	-0-	-0-	-0-	-0-	-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-	-0-	-0-	-0-	-0-
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	-0-	-0-	-0-	-0-	-0-
23 Total of lines 15 through 22	802,897	-0-	-0-	-0-	802,897
24 Line 23 minus line 17	802,897	-0-	-0-	-0-	802,897
25 Enter 1% of line 23	8,029	-0-	-0-	-0-	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 16,058
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 388,167
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 802,897
d Add: Amounts from column (e) for lines: 18 <u>139</u> 19 <u>-0-</u> ▶					
22 <u>-0-</u> 26b <u>-0-</u> ▶					26d 139
e Public support (line 26c minus line 26d total) ▶					26e 802,758
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f -0- %
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. (2004) (2003) (2002) (2001)					
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 11b, 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 (2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ ▶					
17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total, _____ and line 27b total, _____ ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶					27f | 27f |
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.)
(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)		
34a	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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

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

Line No	Description	G/L No	A/C Description	(A) Total	(B) Program Services	(C) Management Services	(D) Fundraising
43	a						
	Cost of performances			\$ 2,444,655	\$ 2,444,655	\$ -	\$ -
	Advertising/Marketing			\$ 578,906	\$ 578,906	\$ -	\$ -
	Contract Labor			\$ 29,169	\$ 29,169	\$ -	\$ -
	Playbill/Sponsorship Commissions			\$ 18,249	\$ 18,249	\$ -	\$ -
	Dues & Subscriptions			\$ 2,837	\$ -	\$ 1,940	\$ 896
	Other taxes & fees			\$ 180	\$ -	\$ 180	\$ -
	Insurance			\$ 47,708	\$ -	\$ 47,708	\$ -
	Licenses & permits			\$ 5,922	\$ -	\$ 5,922	\$ -
	Payroll service fees			\$ 3,308	\$ -	\$ 3,308	\$ -
	Consulting Fees			\$ 66,517	\$ -	\$ 44,531	\$ 21,986
	Credit Card Fees			\$ 95,737	\$ -	\$ 95,737	\$ -
	Ticket printing			\$ 2,920	\$ 2,920	\$ -	\$ -
	Opening Night Expenses			\$ 24,753	\$ -	\$ -	\$ 24,753
	Computer Services			\$ 6,668	\$ -	\$ -	\$ 6,668
	Miscellaneous			\$ 6,825	\$ -	\$ (878)	\$ 7,703
	Volunteer Expenses			\$ 5,579	\$ -	\$ 5,579	\$ -
	Charitable Contributions			\$ 7,213	\$ -	\$ 7,213	\$ -
				\$ 3,347,144	\$ 3,073,899	\$ 211,240	\$ 62,006

Form 990

FYE June 30, 2006

EIN 30-0194642

Organization's primary exempt purpose:

1. To enhance the performing arts in Bergen County, New Jersey.
2. To aid, produce, present, and to make any and all arrangements necessary or desirable in connection therewith, musical concerts, recitals, and productions of every kind and nature, including, but not limited to, vocal and instrumental concerts, recitals, operas, and ballets.
3. To solicit, accept, administer, and disburse gifts, grants, and bequests of property of every kind or to hold said property in trust in such manner as the Corporation deems appropriate for the furthering of the purposes of the Corporation
4. To make distributions to the performing arts or any other organization organized to support the performing arts that is exempt from federal income tax under Section 501(c)(3) of the Code (or any corresponding provision of any further United States Internal Revenue law).

EIN 30-0194642

Form 990

Year ended June 30, 2006

Current Officers, Directors, Trustees, and Key Employees

Part V List of Officers, Directors, Trustees and Key Employees

(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
1 Frank Huttie, III 485 Highview Rd. Englewood, NJ 07631	President 30 hrs Trustee	0	0	0
2 Edmondo Schwartz P.O. Box 236 Alpine, NJ 07620	VP/Treasurer 5 hrs Trustee	0	0	0
3 Chris Yegen 270 Devon Rd Tenafly, NJ 07670	VP/Secretary 5 hrs Trustee	0	0	0
4 Robert Cook 165 N. Dean St Englewood, NJ 07631	VP 5 hrs Trustee	0	0	0
5 Donald Aronson 77 Brayton Englewood, NJ 07631	Trustee 1 hr	0	0	0
6 Smanatha Beinhacker 397 Johnson Ave. Englewood, NJ 07631	Trustee 1 hrs	0	0	0
7 Michel Bittan 22 North Van Brunt St. Englewood, NJ 07631	Trustee 1 hr	0	0	0
8 Marc Byron 48 Fairview Ave Englewood Cliffs, NJ 07632	Trustee 3 hrs	0	0	0
9 Amelia Gold 95 Glennwood Rd Englewood, NJ 07631	Trustee 2 hrs	0	0	0
10 Bernard Koster 7 Old Smith Rd Tenafly, NJ 07670	Trustee 2 hrs	0	0	0
11 Sam Mann 350 E. Palisade Ave Englewood, NJ 07631	Trustee 1 hr	0	0	0
12 Dennis McNerney 1 Bergen County Plaza Hackensack, NJ 07601	Trustee 1 hr	0	0	0
13 Lon Stokes 7 Lincoln Sq. New York, NY 10023	Trustee 1 hr	0	0	0
14 David Rodriguez 102 Davison Place Englewood, NJ 07631	Executive Director 50 hrs	\$ 81,346	0	0
15 André Loh 38 Beechwood Rd Oradell, NJ 07649	Chief Financial Officer 45 hrs	\$ 115,251	0	0
16 Mark Green 1774 Rensselaer Rd. Teaneck, NJ 07666	General Manager 45 hrs	\$ 61,154	0	0
17 Roberta Mathes 555 North Ave, Fort Lee, NJ 07024	Director of Dance 45 hrs	\$ 55,115	0	0

Bergen Performing Arts Center, Inc.

Statement 4

Form 990

FYE June 30, 2006

EIN 30-0194642

Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes

- 93 a. Ticket sales for performances of cultural events
- 93 b. Related income for ticket sales for cultural events
- 93 c. Theater rental income for cultural events presented by other parties not related to the theater
- 93 d. Playbill advertising for programs for performances for cultural events
- 93 e. Dance school revenue relating to educational programs

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 Bergen Performing Arts Center, Inc.	Employer identification number 30 : 0194642
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 30 North Van Brunt Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Englewood, New Jersey 07631	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Bergen Performing Arts Center, Inc.

Telephone No. ▶ (201) 816-8160 FAX No. ▶ (201) 816-8380

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until February 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20... or
 ▶ tax year beginning July 1, 2005, and ending June 30, 2006.

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 \$ _____

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

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

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

- The books are in the care of _____
Telephone No. (_____) _____ FAX No. (_____) _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

- 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 \$ _____
- If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ *[Handwritten Signature]* Title ▶ Chief Financial Officer Date ▶ *Nov 14, 2006*

Notice to Applicant—To Be Completed by the IRS

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

Director _____ By _____ Date _____

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

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)