

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

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****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
Instruc-
tions**C** Name of organization**THE GREATER CINCINNATI TELEVISION
EDUCATIONAL FOUNDATION**

Number and street (or P.O. box if mail is not delivered to street address)

1223 CENTRAL PARKWAY

City or town, state or country, and ZIP + 4

CINCINNATI, OH 45214• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**D** Employer identification number**31-0560051****E** Telephone number**(513) 381-4033****F** Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ▶**G** Website: **WWW.CETCONNECT.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.**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **8,476,194.****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**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	3,100,012.		
	b	Indirect public support	1b	984,746.		
	c	Government contributions (grants)	1c	746,307.		
	d	Total (add lines 1a through 1c) (cash \$ 4,280,228. noncash \$ 550,837.)	1d	4,831,065.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	491,551.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	169,662.		
	6 a	Gross rents	6a	213,405.		
	b	Less: rental expenses	6b	67,377.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	146,028.		
7	Other investment income (describe ▶ ROYALTIES)	7	42,880.			
Expenses	8 a	Gross amount from sales of assets other than inventory:	(A) Securities	2,445,477.	8a	
	b	Less: cost or other basis and sales expenses	2,275,742.	8b		
	c	Gain or (loss) (attach schedule)	169,735.	8c		
	d	Net gain or loss (combine line 8c, columns (A) and (B))	STMT 3	169,735.	8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ☐				
	a	Gross revenue, not including contributions reported on line 1a	9a	213,570.		
	b	Less: direct expenses other than fundraising expenses	9b	98,700.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 4	114,870.	9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	Net Assets	11	Other revenue (from Part VII, line 103)	11	68,584.	
12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	6,034,375.		
13		Program services (from line 44, column (B))	13	4,976,073.		
14		Management and general (from line 44, column (C))	14	1,366,634.		
15		Fundraising (from line 44, column (D))	15	1,090,895.		
Net Assets	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	7,433,602.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<1,399,227.>		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	10,958,303.		
	20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 5	23,569.	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	9,582,645.			

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

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**THE GREATER CINCINNATI TELEVISION
EDUCATIONAL FOUNDATION**

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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.

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 \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here ☐				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. * *	368,193.	118,034.	158,589.	91,570.
26 Other salaries and wages	2,002,174.	1,250,272.	396,953.	354,949.
27 Pension plan contributions	115,635.	73,811.	19,691.	22,133.
28 Other employee benefits	190,431.	121,555.	32,427.	36,449.
29 Payroll taxes	171,831.	100,734.	37,834.	33,263.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	137,134.	29,457.	11,249.	96,428.
34 Telephone	36,166.	20,675.	7,877.	7,614.
35 Postage and shipping				
36 Occupancy	282,701.	192,895.	50,934.	38,872.
37 Equipment rental and maintenance				
38 Printing and publications	33,806.	31,225.	1,787.	794.
39 Travel	36,982.	23,458.	6,804.	6,720.
40 Conferences, conventions, and meetings				
41 Interest	96,693.		96,693.	
42 Depreciation, depletion, etc. (attach schedule)	1,267,373.	998,248.	222,542.	46,583.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	2,694,483.	2,015,709.	323,254.	355,520.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	7,433,602.	4,976,073.	1,366,634.	1,090,895.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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* * **SEE STATEMENT 7**

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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? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
NONCOMMERCIAL PUBLIC EDUCATIONAL TELEVISION	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a PROGRAMMING AND PRODUCTION: 883,000 HOUSEHOLDS IN BROADCASTING MARKET	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	3,743,667.
b LEARNING SERVICES: 508,000 STUDENTS AND TEACHERS SERVED	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	1,017,071.
c ARTS INITIATIVE SERVED APPROXIMATELY 3,000 STUDENTS AND 150 TEACHERS THROUGH PROGRAMS THAT CONNECTED THE ARTS WITH ACADEMIC SUBJECT AREAS	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	104,034.
d PUBLIC INFORMATION	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	111,301.
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)	4,976,073.

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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	234,981.	45	220,512.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	274,471.		
	b Less: allowance for doubtful accounts		47c	274,471.
	48 a Pledges receivable	216,153.		
	b Less: allowance for doubtful accounts		48c	216,153.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities STMT 8 STMT 10 ☐ Cost ☒ FMV	3,303,510.	54	3,175,509.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	20,765,237.			
b Less: accumulated depreciation	13,334,896.	57c	7,430,341.	
58 Other assets (describe SEE STATEMENT 9)	869,888.	58	958,785.	
59 Total assets (must equal line 74). Add lines 45 through 58	13,875,802.	59	12,275,771.	
Liabilities	60 Accounts payable and accrued expenses	2,447,034.	60	2,183,390.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	450,000.	64b	500,000.
	65 Other liabilities (describe ANNUITIES PAYABLE)	20,465.	65	9,736.
66 Total liabilities. Add lines 60 through 65	2,917,499.	66	2,693,126.	
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	9,570,219.	67	8,501,042.
	68 Temporarily restricted	485,631.	68	216,153.
	69 Permanently restricted	902,453.	69	865,450.
	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)	10,958,303.	73	9,582,645.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	13,875,802.	74	12,275,771.	

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Yes	No
-----	----

21

75b

X

75c

X

75d

(E) Expense account and other allowances	
--	--

	Yes	No
--	-----	----

76

X

77

X

78a

x

78b

X

79

X

80a

X

1

81a

0

81b

X

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Part VI Other Information (continued)

		Yes	No
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	104,259.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ OH		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	73
91 a	The books are in care of ▶ TED HILLBERG Telephone no. ▶ 513-345-6537 Located at ▶ 1223 CENTRAL PARKWAY, CINCINNATI, OH ZIP + 4 ▶ 45214		
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)?	91b	X
If "Yes," enter the name of the foreign country ▶ N/A			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
If "Yes," enter the name of the foreign country ▶ N/A			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PRODUCTION REVENUE	541900	341,750.			
b OTHER PROGRAM FEES	515100	95,662.			54,139.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	169,662.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	146,028.	
98 Net rental income or (loss) from personal property					
99 Other investment income			15	42,880.	
100 Gain or (loss) from sales of assets other than inventory			18	169,735.	
101 Net income or (loss) from special events			01	114,870.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a BANDWIDTH USAGE	900004	68,584.			
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		505,996.		643,175.	54,139.
105 Total (add line 104, columns (B), (D), and (E))					1,203,310.

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).
93B	FEES RECEIVED FOR WORKSHOPS AND OTHER EDUCATIONAL PROGRAMS FOR KIDS

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
N/A	%			
	%			
	%			
	%			

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).

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

Signature of officer: Susan Howarth Date: 12/15/07 Type or print name and title: SUSAN HOWARTH PRESIDENT & CEO

Paid Preparer's Use Only: Preparer's signature: Bradley S. Cheff, CFP Date: 2-12-07 Check if self-employed: ☐ Preparer's SSN or PTIN: _____

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

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

Form 990 (2005)

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 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

2005

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

Employer identification number
31-0560051

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GRACE HILL 1223 CENTRAL PARKWAY, CINCINNATI, OH	DIR OF PROG 40.00	63,713.	9,412.	0.
THEODORE HILLBERG 1223 CENTRAL PARKWAY, CINCINNATI, OH	DIR OF ACCT 40.00	68,077.	4,734.	0.
NEAL SCHMIDT 1223 CENTRAL PARKWAY, CINCINNATI, OH	CHIEF ENG 40.00	62,620.	10,184.	0.
TIM UCKOTTER 1223 CENTRAL PARKWAY, CINCINNATI, OH	DIR OF MIS 40.00	64,419.	8,140.	0.
TINA HEBEL 1223 CENTRAL PARKWAY, CINCINNATI, OH	DIR OF OPER 40.00	64,070.	10,908.	0.
Total number of other employees paid over \$50,000	12			

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
NONE		
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.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) 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.)

THE GREATER CINCINNATI TELEVISION

Schedule A (Form 990 or 990-EZ) 2005 **EDUCATIONAL FOUNDATION**

31-0560051 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,420,405.	6,294,538.	6,115,784.	7,021,022.	24,851,749.
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	1,068,111.	982,034.	690,652.	803,516.	3,544,313.
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	125,073.	95,033.	246,346.	322,931.	789,383.
19 Net income from unrelated business activities not included in line 18	309,385.	92,847.	87,905.	85,563.	575,700.
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	20,054.	202,645.	SEE STATEMENT 14		222,699.
23 Total of lines 15 through 22	6,943,028.	7,667,097.	7,140,687.	8,233,032.	29,983,844.
24 Line 23 minus line 17	5,874,917.	6,685,063.	6,450,035.	7,429,516.	26,439,531.
25 Enter 1% of line 23	69,430.	76,671.	71,407.	82,330.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 528,791.
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 51,383.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 26,439,531.
d Add: Amounts from column (e) for lines: 18 789,383. 19 575,700. 22 222,699. 26b 51,383.					26d 1,639,165.
e Public support (line 26c minus line 26d total)					26e 24,800,366.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.8003%
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	(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: N/A	(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
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 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.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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) 2005

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

N/A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

Part VII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

(i) Cash

(ii) Other assets

b Other transactions:

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

(ii) Purchases of assets from a noncharitable exempt organization

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

b If "Yes," complete the following schedule:

N/A

Yes

XNo

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
COMMERCIAL	1	213,405.	
TOTAL TO FORM 990, PART I, LINE 6A		213,405.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES		67,377.	
- SUBTOTAL -	1		67,377.
TOTAL TO FORM 990, PART I, LINE 6B			67,377.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SECURITIES	2,445,477.	2,275,742.	0.	169,735.	
TO FORM 990, PART I, LINE 8	2,445,477.	2,275,742.	0.	169,735.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	4
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
GALA	155,114.	92,854.	62,260.	36,930.	25,330.	
ONLINE AUCTION	28,112.	0.	28,112.	2,874.	25,238.	
TV AUCTION	159,797.	67,497.	92,300.	44,873.	47,427.	
ANGELINA BALLERINA	35,358.	4,460.	30,898.	14,023.	16,875.	
TO FM 990, PART I, LINE 9	378,381.	164,811.	213,570.	98,700.	114,870.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	22,997.
UNREALIZED LOSS	572.
TOTAL TO FORM 990, PART I, LINE 20	23,569.

FORM 990	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INVESTMENT FEES	72,673.	0.	72,673.	0.
MEMBERSHIP DUES AND SUBSCRIPTIONS	46,113.	858.	29,793.	15,462.
TRAINING	3,720.	3,720.	0.	0.
CONTRACTED SERVICES	274,875.	102,146.	159,420.	13,309.
INSURANCE	64,274.	23,107.	33,998.	7,169.
DONATED SUPPLIES	550,837.	549,584.	153.	1,100.
OTHER	30,938.	3,086.	27,217.	635.
PROGRAM ACQUISITION	1,146,625.	1,146,625.	0.	0.
SOLICITATIONS	278,942.	0.	0.	278,942.
FEDERAL TAXES	22,200.	22,200.	0.	0.
PRODUCTION AND EVENTS	203,286.	164,383.	0.	38,903.
TOTAL TO FM 990, LN 43	2,694,483.	2,015,709.	323,254.	355,520.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 7

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SUSAN HOWARTH	145,033.	9,956.	3,600.	158,589.

A. PROGRAM SERVICES

B. MANAGEMENT AND GENERAL	145,033.	9,956.	3,600.	158,589.
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C. FUNDRAISING

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN T. DOMINIC	105,759.	12,275.	0.	118,034.

A. PROGRAM SERVICES 105,759. 12,275. 118,034.

B. MANAGEMENT AND GENERAL

C. FUNDRAISING

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CORNELIA D. CUSSEN	85,998.	5,572.	0.	91,570.

A. PROGRAM SERVICES

B. MANAGEMENT AND GENERAL

C. FUNDRAISING 85,998. 5,572. 91,570.

TOTAL PROGRAM SERVICES 118,034.

TOTAL MANAGEMENT AND GENERAL 158,589.

TOTAL FUNDRAISING 91,570.

TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B 368,193.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	FMV	2,649,291.			2,649,291.
CORPORATE BONDS	FMV		458,090.		458,090.
TO FORM 990, LINE 54, COL B		2,649,291.	458,090.		3,107,381.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN PERPETUAL TRUST	840,450.
OTHER	118,335.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	958,785.

FORM 990	OTHER SECURITIES	STATEMENT	10
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKETS	FMV	68,128.
TO FORM 990, LINE 54, COL B		68,128.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	11
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DESCRIPTION	AMOUNT
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	22,997.
RENTAL EXPENSE	67,377.
SPECIAL EVENTS EXPENSE	98,700.
TOTAL TO FORM 990, PART IV-A	189,074.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
SPECIAL EVENTS EXPENSE		98,700.
RENT EXPENSE		67,377.
TOTAL TO FORM 990, PART IV-B		166,077.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 13
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUSAN HOWARTH 1223 CENTRAL PARKWAY CINCINNATI OH 45214	PRESIDENT & CEO 40.00	145,033.	9,956.	3,600.
JOHN T. DOMINIC 1223 CENTRAL PARKWAY CINCINNATI OH 45214	EXECUTIVE VP & COO 40.00	105,759.	12,275.	0.
CORNELIA CUSSEN 1223 CENTRAL PARKWAY CINCINNATI OH 45214	SR. VP, INSTIT. ADV. 40.00	85,998.	5,572.	0.
JOHN H. JACOBS 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
BRYAN DUNN 1223 CENTRAL PARKWAY CINCINNATI OH 45214	CHAIRMAN 2.00	0.	0.	0.
DANIEL C. HEYD 1223 CENTRAL PARKWAY CINCINNATI OH 45214	SECRETARY 2.00	0.	0.	0.
DR. MYRTIS POWELL 1223 CENTRAL PARKWAY CINCINNATI OH 45214	ASSISTANT SECRETARY 2.00	0.	0.	0.
DAWN BERTSCHE 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TREASURER 2.00	0.	0.	0.

THE GREATER CINCINNATI TELEVISION EDUCAT

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THOM C. LACKMAN 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
RICHARD H. FINAN 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
J. JOSEPH HALE 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
DAVID HOGUET 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
DR. STANLEY KAPLAN 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
JERRY KATHMAN 1223 CENTRAL PARKWAY CINCINNATI OH 45214	VICE CHAIRMAN 2.00	0.	0.	0.
LARRY KELLAR 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
BRAD MAYS 1223 CENTRAL PARKWAY CINCINNATI OH 45214	ASSISTANT TREASURER 2.00	0.	0.	0.
JAMES E. SCHWAB 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
ROBERT A. SULLIVAN 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
SR. FRANCIS M THARILKILL, OSU, EDD 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
DR. MITCHEL D. LIVINGSTON 1223 CENTRAL PARKWAY CINCINNATI OH 45214	TRUSTEE 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		336,790.	27,803.	3,600.

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS INCOME	20,054.	202,645.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	20,054.	202,645.	0.	0.

The Greater Cincinnati Television Educational Foundation
Fixed assets summary
Year ended 6-30-06

Building and air rights	\$ 2,331,816
Building and improvements	2,972,753
Television, transmitting and video equipment	13,821,389
Automotive equipment	28,619
Furniture and fixtures	<u>1,610,660</u>
	20,765,237
Less: accumulated depreciation	<u>(13,334,896)</u>
	<u><u>\$ 7,430,341</u></u>

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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

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

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

- The books are in the care of ► **TED HILLBERG**
Telephone No. ► **513-345-6537** FAX No. ► _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2005**, and ending **JUN 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 \$ **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.