

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 Instructions

C Name of organization**CLEVELAND PUBLIC THEATRE, INC.**

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

6415 DETROIT AVENUE

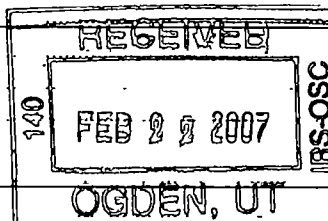
City or town, state or country, and ZIP + 4

CLEVELAND, OH 44102**D** Employer identification number**34-1359225****E** Telephone number**(216) 631-2727****F** Accounting method☐ Cash ☒ Accrual
(specify) ▶

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

H and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **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 organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.CPTONLINE.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 ▶ **946,246.****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	615,308.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 615,308. noncash \$)			1d	615,308.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	183,305.
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	197.
	5 Dividends and interest from securities			5	
	6 a Gross rents	6a	18,113.		
b Less rental expenses	6b	3,180.			
c Net rental income or (loss) (subtract line 6b from line 6a)			6c	14,933.	
7 Other investment income (describe ▶)			7		
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			8d	
	a Gross revenue (not including \$ 29,364. of contributions reported on line 1a)	9a	112,755.		
	b Less direct expenses other than fundraising expenses	9b	29,089.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	83,666.
	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		
11 Other revenue (from Part VII, line 103)			11	16,568.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	913,977.	
Net Assets	13 Program services (from line 44, column (B))			13	602,324.
	14 Management and general (from line 44, column (C))			14	40,650.
	15 Fundraising (from line 44, column (D))			15	98,502.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	741,476.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	172,501.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	917,180.	
20 Other changes in net assets or fund balances (attach explanation)			20	<65.>	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1,089,616.	

523001
02-03-06

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

Form 990 (2005)

11140210 135777 CLEVE9225

2005.08010 CLEVELAND PUBLIC THEATRE, I CLEVE921

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 <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 53,301.	42,676.	6,376.	4,249.
26 Other salaries and wages	26 332,994.	275,721.	651.	56,622.
27 Pension plan contributions	27			
28 Other employee benefits	28 6,910.	4,594.	343.	1,973.
29 Payroll taxes	29 23,722.	15,291.	1,841.	6,590.
30 Professional fundraising fees	30			
31 Accounting fees	31 21,550.	13,145.	3,879.	4,526.
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 5,451.	3,761.	709.	981.
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37 15,064.	10,394.	1,959.	2,711.
38 Printing and publications	38			
39 Travel	39 9,731.	9,194.	76.	461.
40 Conferences, conventions, and meetings	40			
41 Interest	41 22,280.	15,374.	2,896.	4,010.
42 Depreciation, depletion, etc. (attach schedule)	42 45,804.	38,868.	5,862.	1,074.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 5	43g 204,669.	173,306.	16,058.	15,305.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 741,476.	602,324.	40,650.	98,502.

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.

Form 990 (2005)

** SEE STATEMENT 6

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? ►

THEATRE TO ENTERTAIN/RAISE PUBLIC AWARENESS

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 PERFORMANCES WERE ATTENDED BY OVER 8,468 PATRONS
BROADENING THE PUBLIC'S EXPOSURE TO CONTEMPORARY
THEATRE ART

389,166.

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

b PUBLIC AWARENESS WAS RAISED AND FUTURE TALENT
DEVELOPED THROUGH PRESENTATION OF THEATRE ART
WORKSHOPS AND OTHER EDUCATION PROGRAMS

213,158.

(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) ► 602,324.

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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	34,864.	45	63,531.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	11,925.		
	b Less: allowance for doubtful accounts		47c	11,925.
	48 a Pledges receivable	11,749.		
	b Less: allowance for doubtful accounts		48c	11,749.
	49 Grants receivable	80,727.	49	140,611.
	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	626.	53	11,300.
	54 Investments - securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,108.	54	2,323.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	1,671,928.			
b Less: accumulated depreciation STMT 8	379,844.			
58 Other assets (describe <input type="checkbox"/>)	1,289,396.	57c	1,292,084.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,406,721.	58	1,533,523.	
Liabilities	60 Accounts payable and accrued expenses	186,121.	59	121,995.
	61 Grants payable		60	
	62 Deferred revenue		61	
	63 Loans from officers, directors, trustees, and key employees	54,000.	62	15,450.
	64 a Tax-exempt bond liabilities		63	69,552.
	b Mortgages and other notes payable STMT 9	249,420.	64a	
	65 Other liabilities (describe <input type="checkbox"/>)		64b	236,910.
66 Total liabilities. Add lines 60 through 65	489,541.	65		
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.		66	443,907.
	67 Unrestricted	846,713.	67	900,326.
	68 Temporarily restricted	70,467.	68	189,290.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	917,180.	73	1,089,616.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,406,721.	74	1,533,523.

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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	70,052.
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	90b	5
b	Number of employees employed in the pay period that includes March 12, 2005		
91 a	The books are in care of ▶ RAYMOND BOBGAN Telephone no ▶ (216) 631-2727 Located at ▶ 6415 DETROIT AVENUE, CLEVELAND, OH ZIP + 4 ▶ 44102		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
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

Form 990 (2005)

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 BOX OFFICE REVENUE					125,960.
b WORKSHOP REVENUE					55,073.
c RENTAL REVENUE					2,272.
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			14	197.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	14,933.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			03	83,666.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ADVERTISING REVENUE			03	14,885.	
b CONCESSION REVENUE			03	1,683.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		115,364.	183,305.
105 Total (add line 104, columns (B), (D), and (E))					298,669.

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)
93A	THEATER PERFORMANCE ADMISSION SALES
93B	REVENUE FROM VARIOUS EDUCATION WORKSHOPS AND PRESENTATIONS
93C	REVENUE FROM RENTAL OF PERFORMANCE SPACE TO VARIOUS THEATER GROUPS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

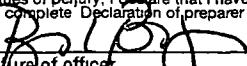
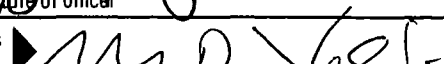
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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 	Date 2-13-07
Paid Preparer's Use Only	Preparer's signature 	Date 2-13-07
	Firm's name (or yours if self-employed), address, and ZIP + 4 MILLS, POTOCZAK & COMPANY 27600 CHAGRIN BLVD., SUITE 200 CLEVELAND, OHIO 44122	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN EIN Phone no (216) 464-7481

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

CLEVELAND PUBLIC THEATRE, INC.

Employer identification number

34 1359225

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
NONE				

Total number of other employees paid over \$50,000 ▶

0

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	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	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)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **►** _____
- 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.)	578,085.	875,372.	634,243.	882,983.	2,970,683.
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	141,990.	258,472.	243,297.	290,684.	934,443.
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	128.	102.	619.	1,157.	2,006.
19 Net income from unrelated business activities not included in line 18	18,247.	14,284.	3,115.	6,463.	42,109.
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.	76,739.	84,602.	SEE STATEMENT 13 23,801.		185,142.
23 Total of lines 15 through 22	815,189.	1,232,832.	905,075.	1,181,287.	4,134,383.
24 Line 23 minus line 17	673,199.	974,360.	661,778.	890,603.	3,199,940.
25 Enter 1% of line 23	8,152.	12,328.	9,051.	11,813.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					63,999.
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					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					3,199,940.
d Add: Amounts from column (e) for lines 18 <u>2,006.</u> 19 <u>42,109.</u> 22 <u>185,142.</u> 26b <u></u>					229,257.
e Public support (line 26c minus line 26d total)					2,970,683.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					92.8356%
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 <u></u> 16 <u></u> 17 <u></u> 20 <u></u> 21 <u></u>					N/A
d Add: Line 27a total <u></u> and line 27b total <u></u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f <u>N/A</u>		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					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)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Yes No

29

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

30

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

31

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

32 Does the organization maintain the following

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

32a

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

32b

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

32c

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

32d

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

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

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

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

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

34a

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

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35

Schedule A (Form 990 or 990-EZ) 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 groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

- 36** Total lobbying expenditures to influence public opinion (grassroots lobbying)
- 37** Total lobbying expenditures to influence a legislative body (direct lobbying)
- 38** Total lobbying expenditures (add lines 36 and 37)
- 39** Other exempt purpose expenditures
- 40** Total exempt purpose expenditures (add lines 38 and 39)
- 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)
- 43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36
- 44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

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)

N/A

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

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

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

Yes	No	Amount
		0.

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
STOREFRONT, 6411 DETROIT AVE., CLEVELAND, OH	1	18,113.
TOTAL TO FORM 990, PART I, LINE 6A		18,113.

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		1,734.	
UTILITIES		1,446.	
- SUBTOTAL -	1		3,180.
TOTAL TO FORM 990, PART I, LINE 6B			3,180.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL GALA PANDEMONIUM	122,428.	27,901.	94,527.	23,381.	71,146.
ART AUCTION	19,691.	1,463.	18,228.	5,708.	12,520.
TO FM 990, PART I, LINE 9	142,119.	29,364.	112,755.	29,089.	83,666.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<65.>
TOTAL TO FORM 990, PART I, LINE 20	<65.>

FORM 990

OTHER EXPENSES

STATEMENT

5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	62,237.	53,947.	714.	7,576.
PRODUCTION COSTS	34,415.	34,352.	63.	0.
UTILITIES	46,775.	40,987.	4,630.	1,158.
OFFICE	19,260.	13,656.	1,668.	3,936.
BUILDING MAINTENANCE	14,225.	13,473.	260.	492.
INSURANCE	13,907.	11,820.	1,670.	417.
BAD DEBTS	5,500.		5,500.	
PROFESSIONAL FEES-OTHER	8,350.	5,071.	1,553.	1,726.
TOTAL TO FM 990, LN 43	204,669.	173,306.	16,058.	15,305.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RANDY ROLLISON	41,404.	1,097.		42,501.
A. PROGRAM SERVICES	31,053.	823.		31,876.
B. MANAGEMENT AND GENERAL	6,211.	165.		6,376.
C. FUNDRAISING	4,140.	109.		4,249.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RAYMOND BOBGAN	10,800.	0.		10,800.
A. PROGRAM SERVICES	10,800.			10,800.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				42,676.
TOTAL MANAGEMENT AND GENERAL				6,376.
TOTAL FUNDRAISING				4,249.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				53,301.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	FMV	2,323.			2,323.
TO FORM 990, LINE 54, COL B		2,323.			2,323.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING, GORDON SQUARE THEATRE	65,000.	19,500.	45,500.
BUILDING IMPROVEMENTS, GORDON SQUARE THEATRE	1,075,468.	156,007.	919,461.
STOREFRONT IMPROVEMENTS, GORDON SQUARE THEATRE	19,293.	1,627.	17,666.
EQUIPMENT & FIXTURES, GORDON SQUARE THEATRE	63,846.	37,210.	26,636.
BUILDING, JAMES A. LEVIN THEATRE	128,000.	50,265.	77,735.
BUILDING IMPROVEMENTS, JAMES A. LEVIN THEATRE	153,968.	46,221.	107,747.
STOREFRONT IMPROVEMENTS, JAMES A. LEVIN THEATRE	58,175.	9,451.	48,724.
EQUIPMENT & FIXTURES, JAMES A. LEVIN THEATRE	41,615.	40,800.	815.
PRODUCTION EQUIPMENT	11,583.	827.	10,756.
OFFICE EQUIPMENT	22,980.	16,202.	6,778.
BUILDING, JAMES A. LEVIN THEATRE	32,000.	1,734.	30,266.
TOTAL TO FORM 990, PART IV, LN 57	1,671,928.	379,844.	1,292,084.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 9

LENDER'S NAME

TERMS OF REPAYMENT

NATIONAL CITY BANK

MONTHLY INTEREST PMTS

DATE OF
NOTEMATURITY
DATEORIGINAL
LOAN AMOUNTINTEREST
RATE

100,000.

8.25%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

PROPERTY & OTHER ASSETS

OPERATING LINE OF CREDIT

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION

FMV OF
CONSIDERATION

BALANCE DUE

0.

96,000.

LENDER'S NAME

TERMS OF REPAYMENT

JEFFREY & SANDRA
INSKEEP-FOX

MONTHLY PMTS

DATE OF
NOTEMATURITY
DATEORIGINAL
LOAN AMOUNTINTEREST
RATE

12/01/99

12/ /09

60,000.

5.00%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

ASSETS & PROPERTY

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION

FMV OF
CONSIDERATION

BALANCE DUE

0.

24,485.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>
NATIONAL CITY BANK		MONTHLY PMTS/BALLOON PMT

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
05/01/03	04/01/08	100,000.	6.79%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
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REAL ESTATE & RENTAL INCOME

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	86,425.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
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DETROIT SHOREWAY
COMMUNITY DEV ORG

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
03/ /06	11/ /06	30,000.	.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
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REAL ESTATE & PERSONAL
PROPERTYRELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	30,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	<u>236,910.</u>
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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 10
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DESCRIPTION	AMOUNT
RENT EXPENSES	3,180.
SPECIAL EVENT EXPENSES	29,089.
TOTAL TO FORM 990, PART IV-A	32,269.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
RENT EXPENSES	3,180.
SPECIAL EVENT EXPENSES	29,089.
TOTAL TO FORM 990, PART IV-B	32,269.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 12
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LORA B. LEVIN 6415 DETROIT AVENUE CLEVELAND, OH 44102	PRESIDENT 20.00	0.	0.	0.
PAULA GOMEZ FARRELL 6415 DETROIT AVENUE CLEVELAND, OH 44102	VICE PRESIDENT 2.00	0.	0.	0.
DAVIDA S. HOWARD 6415 DETROIT AVENUE CLEVELAND, OH 44102	TREASURER 2.00	0.	0.	0.
JANIS FAEHNRIK 6415 DETROIT AVENUE CLEVELAND, OH 44102	SECRETARY 2.00	0.	0.	0.
DOUGLAS AMBERMAN 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.

CLEVELAND PUBLIC THEATRE, INC.

34-1359225

CARRIE CARPENTER 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
JILLIAN DAVIS 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
IAN HOFFMAN 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
MARCIA LEVINE 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
JOANNE MONTAGNER-HULL 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
DANIEL PETRICIG 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
MANAV H. RAJ 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
JEFFREY RESNICK 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
JEFFREY M. RAMSEY 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
SHELLIE SEDLAK 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
DIANE S. STUPAY 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
JUDY R. WILLIAMS 6415 DETROIT AVENUE CLEVELAND, OH 44102	DIRECTOR 2.00	0.	0.	0.
RAYMOND BOBGAN 6415 DETROIT AVENUE CLEVELAND, OH 44102	EXECUTIVE DIRECTOR 40.00	10,800.	0.	0.

CLEVELAND PUBLIC THEATRE, INC.

34-1359225

RANDY ROLLISON
6415 DETROIT AVENUE
CLEVELAND, OH 44102

EXECUTIVE DIRECTOR

40.00

41,404.

1,097.

0.

TOTALS INCLUDED ON FORM 990, PART V-A

52,204.

1,097.

0.

SCHEDULE A

OTHER INCOME

STATEMENT 13

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
CONCESSIONS	227.	1,741.	16,501.	0.
ADVERTISING	16,165.	20,591.	7,300.	0.
BENEFIT EVENTS	60,347.	62,270.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	76,739.	84,602.	23,801.	0.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	CLEVELAND PUBLIC THEATRE, INC.	34-1359225
	Number, street, and room or suite no. If a P.O. box, see instructions	
	6415 DETROIT AVENUE	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CLEVELAND, OH 44102	

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 ► **RAYMOND BOBGAN**

Telephone No. ► (216) 631-2727

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

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

Form **8868** (Rev 12-2004)