

Form **990**

# 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)

OMB No 1545-0047

# 2005

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>WAYNE CENTER FOR THE ARTS</b>	<b>D</b> Employer identification number <b>34-2016097</b>
		Number and street (or P O box if mail is not delivered to street address) <b>PO BOX 382</b>	Room/suite <b></b>
		City or town, state or country, and ZIP + 4 <b>WOOSTER, OH 44691</b>	
<input type="checkbox"/> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <b></b>			

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.WAYNEARTSCENTER.ORG**

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

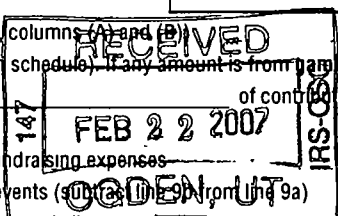
**K** Check here  if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return Some states require a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **521,436.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED MAR 08 2007

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	<b>211,066.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>55,106.</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>266,172.</b> noncash \$ <b></b> )	<b>1d</b>		<b>266,172.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>208,395.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>		<b>20,771.</b>	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>15.</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>18,150.</b>	
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>7,933.</b>		
<b>b</b> Less rental expenses	<b>6b</b>				
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<b>7,933.</b>		
<b>7</b> Other investment income (describe <b></b> )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>			
	(B) Other	<b>8b</b>			
		<b>8c</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from fundraising, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <b></b> of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>521,436.</b>		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>252,189.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>347,317.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>34,797.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>634,303.</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-112,867.</b>		
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1,371,070.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	<b>20</b>		<b>45,684.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>1,303,887.</b>	



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

Form 990 (2005)

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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 <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	60,000.	24,000.	24,000.	12,000.
26 Other salaries and wages	163,732.	8,229.	147,293.	8,210.
27 Pension plan contributions				
28 Other employee benefits	33,024.	4,040.	26,280.	2,704.
29 Payroll taxes	20,053.	3,662.	13,941.	2,450.
30 Professional fundraising fees				
31 Accounting fees	3,300.		3,300.	
32 Legal fees				
33 Supplies	11,677.		11,677.	
34 Telephone	3,360.		3,360.	
35 Postage and shipping	2,609.		2,609.	
36 Occupancy	28,141.	18,573.	9,568.	
37 Equipment rental and maintenance	26,174.	8,821.	17,353.	
38 Printing and publications	317.		317.	
39 Travel	101.		101.	
40 Conferences, conventions, and meetings				
41 Interest	836.		836.	
42 Depreciation, depletion, etc. (attach schedule)	34,612.		34,612.	
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>SEE STATEMENT 3</b>	246,367.	184,864.	52,070.	9,433.
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	634,303.	252,189.	347,317.	34,797.

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

\*\* SEE STATEMENT 4

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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 SEE STATEMENT 5	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	252,189.
b	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	252,189.

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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
<b>Assets</b>	45 Cash - non-interest-bearing	25.	45	25.
	46 Savings and temporary cash investments	53,777.	46	27,513.
	47 a Accounts receivable	47a 6,340.		
	b Less: allowance for doubtful accounts	47b 1,000.	47c	5,340.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	684.	53	677.
	54 Investments - securities <b>STMT 7</b>	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54	529,340.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 1,157,595.			
b Less: accumulated depreciation	57b 378,475.	57c	779,120.	
58 Other assets (describe <b>SEE STATEMENT 8</b> )	3,950.	58	3,950.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	1,421,817.	59	1,345,965.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	17,045.	60	8,868.
	61 Grants payable		61	
	62 Deferred revenue	15,925.	62	8,210.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>SEE STATEMENT 9</b> )	17,777.	65	25,000.
<b>66 Total liabilities.</b> Add lines 60 through 65)	50,747.	66	42,078.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,341,746.	67	1,271,788.
	68 Temporarily restricted	4,324.	68	7,099.
	69 Permanently restricted	25,000.	69	25,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,371,070.	73	1,303,887.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,421,817.	74	1,345,965.





Part VI Other information (continued)		Yes	No
<b>82 a</b>	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>b</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	2,000.	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</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
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b	N/A
<b>c</b>	Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b>	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
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders	87a	N/A
<b>b</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
<b>88</b>	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
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
<b>90 a</b>	List the states with which a copy of this return is filed ▶ OH		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005	90b	12
<b>91 a</b>	The books are in care of ▶ BILL BUCKINGHAM Telephone no ▶ 330-264-2787 Located at ▶ 237 S. WALNUT STREET, WOOSTER, OH ZIP + 4 ▶ 44691		
<b>b</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
<b>c</b>	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
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A

**Part VII Analysis of Income-Producing Activities** (See 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 CLASS FEES					158,071.
b NUTCRACKER					500.
c SPRING BALLET					21,837.
d SPRING FUNDRAISER					27,987.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					20,771.
95 Interest on savings and temporary cash investments			14	15.	
96 Dividends and interest from securities			14	18,150.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	7,933.	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		26,098.	229,166.
105 Total (add line 104, columns (B), (D), and (E))					255,264.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 11

**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: Bill Buckingham Date: 2-15-07 Type or print name and title: Bill Buckingham Executive Director

Paid Preparer's Use Only

Preparer's signature: Robert M. Maple CPA Date: 2-10-07 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: REA & ASSOCIATES, INC.  
545 N. MARKET STREET  
WOOSTER, OH 44691

EIN: \_\_\_\_\_ Phone no: 330-264-0791

**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 **WAYNE CENTER FOR THE ARTS** Employer identification number **34 2016097**

**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 $\blacktriangleright$ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		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  $\blacktriangleright$  \_\_\_\_\_
- 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  $\blacktriangleright$   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)	261,234.	257,615.	274,444.	304,548.	1,097,841.
16 Membership fees received	20,335.	14,120.	14,924.	15,317.	64,696.
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	248,052.	181,735.	304,746.	257,989.	992,522.
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	26,862.	26,294.	37,789.	37,509.	128,454.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	556,483.	479,764.	631,903.	615,363.	2,283,513.
24 Line 23 minus line 17	308,431.	298,029.	327,157.	357,374.	1,290,991.
25 Enter 1% of line 23	5,565.	4,798.	6,319.	6,154.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 25,820.
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 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,290,991.
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d 128,454.
e Public support (line 26c minus line 26d total)					26e 1,162,537.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 90.0500%
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?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/>			
<hr/>			
<hr/>			
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	
<hr/>			
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	
<hr/>			
<hr/>			
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	

**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	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.

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



FORM 990	RENTAL INCOME	STATEMENT	1
<u>KIND AND LOCATION OF PROPERTY</u>		<u>ACTIVITY NUMBER</u>	<u>GROSS RENTAL INCOME</u>
		1	7,933.
TOTAL TO FORM 990, PART I, LINE 6A			7,933.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
UNREALIZED GAINS AND LOSSES			22,042.
REALIZED GAINS AND LOSSES			23,642.
TOTAL TO FORM 990, PART I, LINE 20			45,684.

FORM 990	OTHER EXPENSES			STATEMENT	3
	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CLASS FEES	107,950.	107,950.			
COMMUNITY SERVICE	51,293.	51,293.			
MISCELLANEOUS	15,266.	15,266.			
NUTCRACKER	653.	653.			
SPRING BALLET	9,702.	9,702.			
CLASS FEES	399.		399.		
COMMUNITY SERVICE	546.		546.		
SUB-CONTRACT LABOR	9,000.		9,000.		
ADVERTISING	12,249.		12,249.		
MISCELLANEOUS	16,536.		16,536.		
INSURANCE	12,485.		12,485.		
STORAGE RENTAL	855.		855.		
MISCELLANEOUS	3,811.			3,811.	
SPRING FUND-RAISER	5,622.			5,622.	
TOTAL TO FM 990, LN 43	246,367.	184,864.	52,070.	9,433.	

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BILL BUCKINGHAM	60,000.	4,177.		64,177.
A. PROGRAM SERVICES	24,000.	1,671.		25,671.
B. MANAGEMENT AND GENERAL	24,000.	1,671.		25,671.
C. FUNDRAISING	12,000.	835.		12,835.
TOTAL PROGRAM SERVICES				25,671.
TOTAL MANAGEMENT AND GENERAL				25,671.
TOTAL FUNDRAISING				12,835.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>64,177.</u>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

PROGRAMMING INCLUDES PRE/POST SHOW DISCUSSIONS INVOLVING ARTISTS, EDUCATORS, & STAFF; LECTURES/DEMONSTRATION PROGRAMS BY ARTISTS, CLASSES/WORKSHOPS WITH ARTISTS. PUBLIC PERFORMANCE FOR YOUNG AUDIENCES, CURRICULUM-BASED

PROGRAMS FOR GRADES K-12, TEACHER WORKSHOPS, ARTISTS-IN-SCHOOLS RESIDENCIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		252,189.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6 PART III

EXPLANATION

THE WAYNE CENTER FOR THE ARTS' MISSION IS TO STRENGTHEN THE COMMUNITY BY ENRICHING PEOPLE'S LIVES THROUGH THE ARTS. THIS IS ACCOMPLISHED BY OFFERING EDUCATIONAL, ACCESSIBLE, DIVERSE, AND AFFORDABLE ARTS EXPERIENCES TO RESIDENTS AND VISITORS OF WAYNE AND SURROUNDING COUNTIES. WE PROVIDE A WIDE RANGE OF CLASSES, PUBLIC AND TEACHER WORKSHOPS, SPEAKERS, DANCE PERFORMANCES, MUSICAL CONCERTS, EXHIBITIONS, AND OTHER ARTS EVENTS. PROGRAMS OR CLASSES ARE AVAILABLE TO PEOPLE OF ALL AGES, AND MANY ARE ALSO OFFERED OFF-SITE AT LOCATIONS THROUGHOUT WAYNE COUNTY.

THE CENTER PARTNERS WITH AREA SCHOOLS, SOCIAL SERVICE ORGANIZATIONS, ARTS GROUPS, CITIES, CIVIC AND SERVICE CLUBS, AS WELL AS MANY OTHER AREA ORGANIZATIONS IN ORDER TO CARRY OUT ITS MISSION IN A COST EFFECTIVE, HIGH QUALITY MANNER. THE WAYNE CENTER FOR THE ARTS IS A NONPROFIT ORGANIZATION PRIMARILY SUPPORTED THROUGH THE GENEROSITY OF AREA PEOPLE AND BUSINESSES WHO BELIEVE IN THE VALUE OF QUALITY ARTS EDUCATION AND EXPERIENCES TO THE REGION'S RESIDENTS AND VISITORS. THE CENTER OPERATES IN, AND SEEKS TO PRESERVE, A FORMER WOOSTER SCHOOL BUILDING CONSTRUCTED IN 1902.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
POOLED FUNDS-STOCKS, BONDS, US GOVT	FMV			529,340.	529,340.
TO FORM 990, LINE 54, COL B				529,340.	529,340.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
DONATED INVENTORY - PAINTINGS	3,950.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	3,950.

FORM 990 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	AMOUNT
LINE OF CREDIT	25,000.
ART/JAZZ FESTIVAL PAYABLE	0.
STAGE PERFORMERS PAYABLE	0.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	25,000.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BILL BUCKINGHAM 237 S. WALNUT STREET WOOSTER, OH 44691	EXECUTIVE DIRECTOR 40.00	60,000.	4,177.	0.
GENE GOTTFRIED 7171 RIVER ROAD OLMSTEAD FALLS, OH 44138	PRESIDENT 2.00	0.	0.	0.
LOUISE KEATING 141 E LIBERTY ST WOOSTER, OH 44691	IMMEDIATE PAST PRESIDENT 2.00	0.	0.	0.
ELIZABETH KRIEDER-WRIGHT 225 N MARKET ST WOOSTER, OH 44691	SECRETARY 2.00	0.	0.	0.
DENISE PARKER 2698 VINTON WOODS WOOSTER, OH 44691	TREASURER 2.00	0.	0.	0.
JULIA FISHELSON 1630 BURBANK RD WOOSTER, OH 44691	EX-OFFICIO 2.00	0.	0.	0.
JOHN COOK 505 N MARKET ST WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
MARIAN CROPP 1429 CHRISTMAS RUN BLVD WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
KENNETH FORAN 1787 HILA WAY WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
KATHLEEN GALLO 2113 NORMANDY DR WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
MIKE STEINER 2570 OAK HILL RD WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.

MACKENZIE HAISS 328 BLOOMINGTON WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
BARB KALIE 2521 IMPERIAL ST WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
MATT KILBOURNE 1061 BUCHHOLZ DR WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
DR. JAY C. KLEMME 1633 WILDWOOD WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
PATRICIA H CHALOUPEK 4874 TIMBERCREEK DRIVE MEDINA, OH 44256	TRUSTEE 2.00	0.	0.	0.
CHERYL SHAPIRO 609 BEECHWOOD DR WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
BARBARA KNAPIC 2766 VINTON WOODS WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
MARK NORTON 2457 BARRINGTON WAY #317 WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
MARY VAIDYA 1627 GASCHÉ ST WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
STEVE WORKMAN 1519 OVERLOOK RD WOOSTER, OH 44691	TRUSTEE 2.00	0.	0.	0.
RICHARD R. BENSON, JR. 1476 GASCHÉ ST WOOSTER, OH 44691	VICE PRESIDENT 2.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

60,000.	4,177.	0.
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FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CLASS FEES ARE CHARGED FOR THOSE INDIVIDUALS TAKING ART, MUSIC, DANCE, ETC. CLASSES OFFERED BY THE ORGANIZATION. THESE FEES ARE USED TO HELP DEFRAY THE COST OF PAYING INSTRUCTORS.
93B	ART PERFORMANCE FOR THE COMMUNITY.
93C	ART PERFORMANCE FOR THE COMMUNITY.
93D	COMMUNITY EVENT WITH AN ART/TALENT EMPHASIS.
94	MEMBERSHIPS ARE SOLD TO INDIVIDUALS TO ENCOURAGE PARTICIPATION AND/OR ATTENDANCE IN THE ORGANIZATION'S ACTIVITIES

## 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](http://www.irs.gov/efile)

<b>Type or print</b>	Name of Exempt Organization <b>WAYNE CENTER FOR THE ARTS</b>	Employer identification number <b>34-2016097</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 382</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WOOSTER, OH 44691</b>	

**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 ▶ **BILL BUCKINGHAM**  
Telephone No. ▶ **330-264-2787** 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.