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

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 07/01 , **2005, and ending** 06/30/2006

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
ARTS IN STARK

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1001 MARKET AVENUE NORTH

City or town, state or country, and ZIP + 4
CANTON, OH 44702

D Employer identification number
34-6609771

E Telephone number
(330) 452-4096

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

G Website: ▶ WWW.ARTSINSTARK.COM

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 ▶ 5,264,783.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	1,487,300.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ 1,487,300. noncash $)			1d 1,487,300.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 362,524.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 16,624.
	5	Dividends and interest from securities			5 555,404.
	6 a	Gross rents	6a	73,423.	
	b	Less rental expenses	6b	13,589.	
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c 59,834.
	7	Other investment income (describe ▶)			7

		(A) Securities		(B) Other	
8 a	Gross amount from sales of assets other than inventory	2,490,912.	8a		
b	Less cost or other basis and sales expenses	2,165,702.	8b		
c	Gain or (loss) (attach schedule)	325,210.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d 325,210.
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐				
a	Gross revenue (not including $ of contributions reported on line 1a) STMT 1.		9a	4,918.	
b	Less direct expenses other than fundraising expenses		9b	3,679.	
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c 1,239.
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)				11 273,678.
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 3,081,813.
Expenses	13	Program services (from line 44, column (B))			13 2,689,759.
	14	Management and general (from line 44, column (C))			14 161,587.
	15	Fundraising (from line 44, column (D))			15 95,901.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 2,947,247.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 134,566.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 23,024,026.
	20	Other changes in net assets or fund balances (attach explanation) STMT 2.			20 -336,757.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 22,821,835.

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 1,064,690. noncash $) If this amount includes foreign grants, check here ▶ ☐	22	1,064,690.	1,064,690.	STMT 3	
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	92,500.	78,625.	4,625.	9,250.
26 Other salaries and wages	26	197,944.	130,495.	44,750.	22,699.
27 Pension plan contributions	27				
28 Other employee benefits	28	163,540.	142,344.	12,869.	8,327.
29 Payroll taxes	29	22,047.	15,874.	3,748.	2,425.
30 Professional fundraising fees	30				
31 Accounting fees	31	8,860.		8,860.	
32 Legal fees	32	1,265.		1,265.	
33 Supplies	33	14,373.	4,311.	7,187.	2,875.
34 Telephone	34	4,601.		4,601.	
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	3,142.		3,142.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	463,783.	440,594.	23,189.	
43 Other expenses not covered above (itemize):					
a STMT 5	43a	910,502.	812,826.	47,351.	50,325.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,947,247.	2,689,759.	161,587.	95,901.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $, (ii) the amount allocated to Program services $, (iii) the amount allocated to Management and general $, and (iv) the amount allocated to Fundraising $

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

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

What is the organization's primary exempt purpose? ▶SEE STATEMENT 6 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 THE ORGANIZATION COORDINATES THE FUND FOR ARTS IN STARK DRIVE WHICH PROVIDES FUNDING FOR VARIOUS NOT-FOR-PROFIT ORGANIZATIONS. (Grants and allocations $ 1,064,690.) If this amount includes foreign grants, check here ▶ ☐	1,112,710.
b THE ORGANIZATION MAINTAINS THE 330,000 SQUARE FOOT CULTURAL CENTER FOR THE ARTS WHICH IS HOME TO FIVE RESIDENT ORGANIZATIONS: THE CANTON BALLET, CANTON SYMPHONY, CANTON MUSEUM OF ART, PLAYERS GUILD THEATRE, AND VOICE OF CANTON. COLLECTIVELY, THE ORGANIZATIONS BRING THE ARTS TO 150,000 PEOPLE EACH YEAR. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,398,426.
c THE ORGANIZATION'S MARKETING PROGRAM IS ABOUT BUILDING NEW AUDIENCES TO SUPPORT OUR $15 MILLION CULTURAL INDUSTRY THAT DELIGHTS 2.3 MILLION TOURISTS EACH YEAR. PUBLIC SPEECHES, RADIO AND TELEVISION ADS, BROCHURES, BILLBOARDS, AND E-MAIL CAMPAIGNS ARE INVITATIONS FOR PEOPLE TO ENJOY THE 100 ARTS, HISTORY, AND CULTURAL ORGANIZATIONS & 500 ARTISTS/CRAFTSMEN. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	178,623.
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) ▶	2,689,759.

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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			107,175.	45	78,396.
	46 Savings and temporary cash investments			1,555,190.	46	2,000,848.
	47a Accounts receivable	47a	33,217.			
	b Less allowance for doubtful accounts	47b		52,472.	47c	33,217.
	48a Pledges receivable	48a	711,544.			
	b Less allowance for doubtful accounts	48b	15,000.	174,236.	48c	696,544.
	49 Grants receivable			625,000.	49	302,509.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			3,771.	53	9,758.
	54 Investments - securities (attach schedule) STMT 7. ▶ ☐ Cost ☒ FMV			14,089,156.	54	13,584,846.
	55a Investments - land, buildings, and equipment. basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule) STMT 8.			407,759.	56	408,783.
	57a Land, buildings, and equipment basis STMT 9	57a	16,693,401.			
	b Less: accumulated depreciation (attach schedule)	57b	10,133,376.	6,828,160.	57c	6,560,025.
	58 Other assets (describe ▶ STMT 10)			107,917.	58	94,619.
	59 **Total assets** (must equal line 74) Add lines 45 through 58			23,950,836.	59	23,769,545.
Liabilities	60 Accounts payable and accrued expenses			32,810.	60	31,239.
	61 Grants payable			894,000.	61	916,471.
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶)				65	
	66 **Total liabilities.** Add lines 60 through 65			926,810.	66	947,710.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			12,193,229.	67	11,869,515.
	68 Temporarily restricted			1,476,848.	68	1,573,371.
	69 Permanently restricted			9,353,949.	69	9,378,949.
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			23,024,026.	73	22,821,835.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			23,950,836.	74	23,769,545.

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	2,399,800.
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1	-336,757.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify) SEE STATEMENT 11	b4	17,268.		
	Add lines b1 through b4			b	-319,489.
c	Subtract line b from line a			c	2,719,289.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) SEE STATEMENT 12	d2	362,524.		
	Add lines d1 and d2			d	362,524.
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	3,081,813.

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	2,601,991.
b	Amounts included on line a but not on Part I, line 17.				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify) SEE STATEMENT 13	b4	17,268.		
	Add lines b1 through b4			b	17,268.
c	Subtract line b from line a			c	2,584,723.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) SEE STATEMENT 14	d2	362,524.		
	Add lines d1 and d2			d	362,524.
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	2,947,247.

Part V **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) *(See the instructions)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 15		92,500.	4,889.	NONE

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Part V-A **Current Officers, Directors, Trustees, and Key Employees** *(continued)*

		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 26		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT. 19	75b X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? **Note.** Related organizations include section 509(a)(3) supporting organizations	75c	X
	If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI **Other Information** *(See the instructions.)*

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt or ☐ nonexempt		
81a	Enter direct and indirect political expenditures (See line 81 instructions) 81a		
b	Did the organization file Form 1120-POL for this year?	81b	X

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 N/A			
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) orgs.* 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) orgs.* 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 ▶ NONE ; section 4912 ▶ NONE , section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs.* 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 ▶ NONE			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
90 a	List the states with which a copy of this return is filed ▶ OHIO			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b 10			
91 a	The books are in care of ▶ JANE BETHEL Telephone no ▶ (330)452-4096			
	Located at ▶ 1001 MARKET AVE. N., CANTON, OH , ZIP + 4 ▶ 44702			

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

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Part VII Analysis of Income-Producing Activities *(See the instructions)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a REIMBURSEMENT OF					
b OPERATING EXPENSES					362,524.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	16,624.	
96 Dividends and interest from securities			14	555,404.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	59,834.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	325,210.	
101 Net income or (loss) from special events			01	1,239.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b PARKING RECEIPTS	812930	208,347.	03	41,766.	
c CONCESSION INCOME	722410	22,887.			
d MISCELLANEOUS			01	678.	
e					
104 Subtotal (add columns (B), (D), and (E))		231,234.		1,000,755.	362,524.
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,594,513.

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)
	STMT 20

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

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] Signature of officer — Date: 01/26/2007

▶ Mark D Wright, Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
	12/12/06		P00438633

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶
RSM MCGLADREY INC. 220 MARKET AVE. SOUTH SUITE 520 CANTON, OH 44702	41-1944416	330-455-1120

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

ARTS IN STARK

Employer identification number

34-6609771

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 . . ▶	NONE			

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 . . . . . ▶	NONE	

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 . . . . . ▶	NONE	

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)	1		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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities? STMT 21	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? FORM 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		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
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		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)** section 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)	1,369,201.	859,644.	1,003,754.	1,177,311.	4,409,910.
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	316,827.	321,839.	272,531.	263,086.	1,174,283.
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	857,287.	900,711.	612,787.	640,000.	3,010,785.
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	STMT 22 39,907.	58,884.			98,791.
23 Total of lines 15 through 22	2,583,222.	2,141,078.	1,889,072.	2,080,397.	8,693,769.
24 Line 23 minus line 17	2,266,395.	1,819,239.	1,616,541.	1,817,311.	7,519,486.
25 Enter 1% of line 23	25,832.	21,411.	18,891.	20,804.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	150,390.
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	573,232.
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶	26c	7,519,486.
d Add. Amounts from column (e) for lines. 18 3,010,785. 19 _____ 22 98,791. 26b 573,232. ▶	26d	3,682,808.
e Public support (line 26c minus line 26d total) ▶	26e	3,836,678.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	51.0231 %

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

NOT APPLICABLE

(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 11, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	
d Add Line 27a total _____ and line 27b total _____ ▶	27d	
e Public support (line 27c total minus line 27d total) ▶	27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶	27f	
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	%
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	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)			
34a	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)

(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -	41		
If the amount on line 40 is - **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000			
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B **Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
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

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

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

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

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

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
"ARTS DAYS" EVENTS	4,918.	3,679.	1,239.
TOTALS	4,918.	3,679.	1,239.

ARTS IN STARK 34-6609771

Part I, Line 8C - GAIN ON SALE OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	RECOGNIZED GAIN (LOSS)
3M CO	$ 393	$ 344	$ 50
ALCOA INC	$ 27,935	$ 31,932	$ (3,997)
AMERICAN INTERNATIONAL GROUP INC	$ 4,191	$ 3,015	$ 1,176
AMERIPRISE	$ 6,147	$ 3,974	$ 2,173
AMGEN INC	$ 6,270	$ 5,585	$ 685
ANADARKO PETE CORP	$ 56,996	$ 25,519	$ 31,477
AUTOMATIC DATA PROCESSING INC	$ 232	$ 178	$ 54
AVON PRODUCTS INC	$ 12,395	$ 11,008	$ 1,387
BANK AMERICA CORP	$ 113,261	$ 108,500	$ 4,760
BANK NEW YORK INC	$ 38,833	$ 41,565	$ (2,732)
BP AMOCO	$ 56,107	$ 34,474	$ 21,632
BRISTOL MYERS SQUIBB CO	$ 29,210	$ 35,735	$ (6,524)
BURLINGTON RESOURCES INC	$ 42,903	$ 4,745	$ 38,158
CHEVRON CORPORATION	$ 8,228	$ 3,258	$ 4,969
CITIGROUP INC	$ 7,996	$ 1,353	$ 6,643
CONOCOPHILLIPS	$ 55	$ 28	$ 27
DEERE & CO DEBENTURES	$ 83,722	$ 74,250	$ 9,472
DELL INC	$ 30,455	$ 27,830	$ 2,625
DISCOVERY HOLDING COMPANY	$ 5,274	$ 7,597	$ (2,323)
DOMINION RESOURCES INC	$ 43,089	$ 34,921	$ 8,168
DOW CHEMICAL COMPANY	$ 20,029	$ 19,265	$ 764
DU PONT E I DE NEMOURS & CO	$ 33,037	$ 33,833	$ (796)
EMC CORP	$ 31,279	$ 31,148	$ 131
EMERSON ELEC CO	$ 3,054	$ 2,069	$ 985
EXXON MOBIL CORPORATION	$ 51,326	$ 12,416	$ 38,909
FEDERAL HOME LOAN BANK	$ 175,000	$ 175,000	$ -
FEDERAL HOME LOAN MTG	$ 100,000	$ 100,000	$ -
FEDERATED DEPARTMENT STORES	$ 28,525	$ 17,068	$ 11,457
FIDELITY ADV SMALL CAP FD	$ 47,847	$ 49,925	$ (2,078)
FIFTH THIRD BANCORP	$ 24,293	$ 30,507	$ (6,214)
FIRST UNION CORP	$ 100,000	$ 107,948	$ (7,948)
FIRSTMERIT CORPORATION	$ 24,800	$ 1,809	$ 22,991
FOREST LABS INC	$ 20,133	$ 23,344	$ (3,211)
GENERAL DYNAMICS CORP	$ 46,382	$ 32,884	$ 13,498
HEWLETT PACKARD CO	$ 48,495	$ 34,356	$ 14,139
HOME DEPOT INC	$ 41,325	$ 29,005	$ 12,321
INTEL CORP	$ 32,189	$ 37,972	$ (5,783)
INTERNATIONAL BUSINESS MACHINES CORP	$ 41,137	$ 19,838	$ 21,300
ISHARES RUSSELL MIDCAP INDEX FUND	$ 99,734	$ 103,465	$ (3,731)
JEFFERSON PILOT CORP	$ 31,462	$ 24,731	$ 6,731
KOHLS CORP	$ 49,549	$ 55,285	$ (5,736)
LILLY ELI & CO	$ 42,087	$ 45,115	$ (3,028)
MASCO CORP	$ 43,832	$ 39,824	$ 4,008
MAY DEPARTMENT STORES COMPANY	$ 23,075	$ -	$ 23,075
MEDIA GENERAL	$ 43,732	$ 40,269	$ 3,463
MERRILL LYNCH & CO INC	$ 48,692	$ 36,165	$ 12,526
MORGAN STANLEY DW & CO	$ 100,000	$ 100,000	$ -
NATIONAL CITY CORP	$ 13,540	$ 12,764	$ 776
PAYCHEX INC	$ 16,784	$ 12,284	$ 4,501
PEPSICO INC	$ 26,630	$ 21,894	$ 4,736
PRAXAIR INC	$ 1,189	$ 919	$ 270
PROCTER & GAMBLE CO	$ 292	$ 222	$ 70

PROGRESS ENERGY INC	$ 32,438	$ 31,189	$ 1,249
REEBOK INTL LTD	$ 28,905	$ 21,075	$ 7,830
ROCKWELL AUTOMATION INC	$ 27,693	$ 11,531	$ 16,162
SARA LEE CORP	$ 31,755	$ 34,318	$ (2,563)
TEXAS INSTRUMENTS INC	$ 61,047	$ 48,029	$ 13,018
THORNBURG MORTGAGE ASSET CORPORATION	$ 18,798	$ 17,603	$ 1,196
TIME WARNER INC	$ 8,880	$ 15,670	$ (6,791)
UCBH HOLDINGS INC	$ 18,071	$ 1,891	$ 16,180
UNITED STATES TREAS NTS	$ 225,000	$ 230,350	$ (5,350)
UNITED TECHNOLOGIES CORP	$ 2,534	$ 2,115	$ 419
WALGREEN CO	$ 47,420	$ 40,418	$ 7,002
WELLS FARGO & CO	$ 4,754	$ 3,903	$ 851
WYETH	$ 476	$ 478	$ (2)
TOTAL	$ 2,490,912	$ 2,165,702	$ 325,210
	Line 8a	Line 8b	Line 8c

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	336,757.
TOTAL	336,757.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
CANTON BALLET 1001 MARKET AVE N CANTON, OH 44702	NONE ACTIVE	ANNUAL SUPPORT	113,000.
VOICES OF CANTON, INC. 1001 MARKET AVE N CANTON, OH 44702	NONE ACTIVE	ANNUAL SUPPORT	50,000.
CANTON SYMPHONY ORCHESTRA 1001 MARKET AVE N CANTON, OH 44702	NONE ACTIVE	ANNUAL SUPPORT	280,000.
PLAYERS GUILD OF CANTON 1001 MARKET AVE N CANTON, OH 44702	NONE ACTIVE	ANNUAL SUPPORT	160,000.
CANTON MUSEUM OF ART 1001 MARKET AVE N CANTON, OH 44702	NONE ACTIVE	ANNUAL SUPPORT	219,000.
SEE STATEMENT 3A			242,690.

Arts in Stark County Grants 34-6609771
Part II - Grants Paid During the Year

	Organization	City	Type	Award
1	AHEAD Foundation	Massillon	Regular	7,000
2	Alliance Area Concert Association	Alliance	Regular	1,000
3	Alliance Area Pres Society	Alliance	MiniGrant	500
4	Alliance City Schools Orch	Alliance	MiniGrant	500
5	Alliance Family YMCA	Alliance	MiniGrant	500
6	Antioch Baptist Church	Canton	MiniGrant	500
7	Botanical Garden Association	Alliance	MiniGrant	700
8	Boy's & Girls Club of Massillon	Massillon	Regular	9,000
9	Canton Arts Academy	Canton	Regular	10,000
10	Canton Ballet	Canton	Regular	7,200
11	Canton Calvary Mission	Canton	Regular	5,000
12	Canton City Schools	Canton	MiniGrant	500
13	Canton Comic Opera Company	Canton	Regular	10,000
14	Canton Jewish Community Center	Canton	Regular	4,940
15	Canton Montessori School	Canton	Regular	2,400
16	Canton Museum of Art	Canton	Regular	9,000
17	Canton Symphony Orchestra	Canton	Regular	7,500
18	Families First of Stark County Inc.	Canton	Regular	2,400
19	Greater Stark Community Arts	Canton	Regular	6,750
20	Hall of Fame Chorus	Canton	Regular	1,950
21	Hartville Migrant Center	Hartville	MiniGrant	500
22	Interfaith Child Development Center	Alliance	Regular	2,000
23	Jesus Speaks Christian Center	Canton	Regular	5,000
24	Lake Cable Elementary PTO	Canton	MiniGrant	500
25	Lighthouse Visions, Inc.	Massillon	Regular	5,000
26	Living Fountain Dance Co.	Canton	Regular	10,000
27	Louisville Community Theater	Louisville	Regular	4,750
28	Massillon Celebrates	Massillon	MiniGrant	500
29	Massillon City Schools	Massillon	Regular	7,500
30	Massillon Museum	Massillon	Regular	10,000
31	Master Gardeners Stark Co.	Massillon	MiniGrant	500
32	Mayor's Literacy Commission	Canton	MiniGrant	500
33	Mercy Medical Center Outreach	Canton	Regular	2,125
34	Minerva Area Chamber of Commerce	Minerva	Regular	5,000
35	Minerva High School	Minerva	MiniGrant	500
36	Multi Development Services of Stark County	Canton	Regular	9,300
37	North Canton YMCA Prechool	North Canton	Regular	5,000
38	Ohio Youth Ballet	Canal Fulton	Regular	5,000
39	Our Lady of Peace School	Canton	Regular	2,000
40	Pathway Caring for Children	Canton	Regular	7,500
41	Perry Local Schools	Massillon	MiniGrant	500
42	Players Guild Theatre	Canton	Regular	9,000
43	Quest Recovery Prevention Services	Canton	Regular	8,000
44	Quota International of Massillon	Massillon	Regular	875
45	Rainbow Repertory Co.	Canton	Regular	7,500

	Organization	City	Type	Award
46	Salvation Army	Canton	Regular	8,000
47	St. Peter School	Canton	Regular	4,750
48	Stark County Jobs & Family Services	Canton	MiniGrant	500
49	Stark County District Library	Canton	Regular	4,000
50	Stark County Urban Minority	Canton	MiniGrant	500
51	Timken Senior High Arts	Canton	Regular	4,000
52	Voices of Canton	Canton	Regular	7,500
53	Walsh University	North Canton	Regular	1,000
54	Youth Music Alliance	North Canton	MiniGrant	500
55	Youth-Ful Chamber Orchestra	North Canton	MiniGrant	500
56	YWCA of Alliance	Alliance	Regular	600
57	YWCA of Massillon	Massillon	MiniGrant	500
58	Allaince Symphony Orchestra			500
59	Carnation Players			450
60	Canton Palace Theatre			5,000
61	Deeper Life Full Gospel			500
62	North Canton Playhouse			5,000
63	P.E.A.C.E. TV			2,500
	Total Awards			**242,690**

These organizations are public charities and are unrelated to Arts in Stark.
The grants were given for General Purposes.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
		TOTAL CONTRIBUTIONS PAID	1,064,690.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROMOTION & PRINTING	177,046.	126,721.		50,325.
REPAIRS & MAINTENANCE	156,564.	156,564.		
UTILITIES	298,753.	283,815.	14,938.	
PARKING	161,022.	161,022.		
INSURANCE	35,303.	33,538.	1,765.	
CONCESSIONS	7,854.	7,854.		
CONTRACTUAL SERVICES	5,588.		5,588.	
EDUCATION CENTER	15,779.	15,779.		
LAWN & GARDEN	14,370.	14,370.		
MISCELLANEOUS EXPENSES	38,223.	13,163.	25,060.	
TOTALS	910,502.	812,826.	47,351.	50,325.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDED FOR THE SUPPORT, CONDUCT, AND MAINTENANCE OF PERFORMANCES, PROGRAMS, AND EXHIBITS IN MUSIC, DRAMATICS, THE ARTS AND RELATED FIELDS FOR THE BENEFIT OF THE PEOPLE OF STARK COUNTY AND ADVANCE THE PUBLIC EDUCATION THEREIN AND APPRECIATION THEREOF.

ARTS IN STARK 34-6609771

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
PUBLICLY-TRADED INVESTMENTS:			
U.S. GOVT & AGENCY OBLIGATIONS	4,891,207.	4,897,451.	FMV
CORPORATE BONDS	3,536,448.	2,756,984.	FMV
COMMON STOCKS	5,577,518.	5,672,174.	FMV
MUTUAL FUNDS	83,983.	258,237.	FMV
TOTALS	14,089,156.	13,584,846.	

ARTS IN STARK 34-6609771

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PUBLICALLY TRADED LIMITED PARTNERSHIP SHARES	144,855.	134,040.
FUNDS HELD IN TRUST	262,904.	274,743.
TOTALS	407,759.	408,783.

ARTS IN STARK

34-6609771

Part II, Line 42 and Part IV, Line 57 - FIXED ASSETS & ACCUMULATED DEPRECIATION

DESCRIPTION	COST	ACCUMULATED DEPRECIATION	NET BOOK VALUE	CURRENT YEAR DEPRECIATION
Buildings	$ 13,322,801	$ (8,616,991)	$ 4,705,810	$ 341,450
Equipment	2,079,631	(1,516,385)	563,246	122,333
Land	1,290,969	-	1,290,969	-
	$ 16,693,401	$ (10,133,376)	$ 6,560,025	$ 463,783
	Line 57a	Line 57b	Line 57c	Line 42

ARTS IN STARK 34-6609771

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
ACCRUED INTEREST & DIVIDEND	107,917.	94,619.
TOTALS	107,917.	94,619.

ARTS IN STARK 34-6609771

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RENTAL EXPENSES	13,589.
SPECIAL EVENT DIRECT EXPENSES	3,679.
TOTAL	17,268.

ARTS IN STARK 34-6609771

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
REIMBURSEMENT OF SHARED OPERATING EXPENSES	362,524.
TOTAL	362,524.

ARTS IN STARK 34-6609771

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RENTAL EXPENSES	13,589.
SPECIAL EVENT DIRECT EXPENSES	3,679.
TOTAL	17,268.

ARTS IN STARK 34-6609771

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
REIMBURSEMENT OF SHARED OPERATING EXPENSES	362,524.
TOTAL	362,524.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JANE M. TIMKEN 1001 MARKET AVENUE NORTH CANTON, OH 44702	CHAIRMAN 2 HRS/WK	NONE	NONE	NONE
ROBERT J. HANKINS 1001 MARKET AVENUE NORTH CANTON, OH 44702	PRESIDENT/CEO 40 HRS/WK	92,500.	4,889.	NONE
JOSEPH HALTER 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
JOHN WERREN 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
TIMOTHY PUTMAN 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
NATE POPE 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
RICHARD J. PRYCE 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
DENNIS P. SAUNIER 1001 MARKET AVENUE NORTH CANTON, OH 44702	SECRETARY 2 HRS/WK	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LOIS A. DIGIACOMO 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
CARMELA A. LIOI 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
MONIQUE R. COX-MOORE 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
DAVID L. KUNTZMAN 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
AUDREY LAVIN, PHD 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
DIANNE OLIVER 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
RACHEL SCHNEIDER 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
DAVID SCHULTZ 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RHONDA SEAMAN 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
MARK WRIGHT 1001 MARKET AVENUE NORTH CANTON, OH 44702	TREASURER 2 HRS/WK	NONE	NONE	NONE
EMIL ALECUSAN 1001 MARKET AVENUE NORTH CANTON, OH 44702	ASSISTANT TREASURER 2 HRS/WK	NONE	NONE	NONE
JOHN D. KRISTOFF 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
VIVIAN LEGGETT 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
GREG LUNTZ 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
THERESA M. MANZELL 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
PAULA MASTROIANNI 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOSEPH D. SCHAUER 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
ROBERT R. TIMKEN 1001 MARKET AVENUE NORTH CANTON, OH 44702	VICE CHAIRMAN 2 HRS/WK	NONE	NONE	NONE
SALLIE BAILEY 1001 MARKET AVENUE NORTH CANTON, OH 44702	PAST TREASURER 2 HRS/WK	NONE	NONE	NONE
MICHAEL P. GILL 1001 MARKET AVENUE NORTH CANTON, OH 44702	PAST CHAIRMAN 2 HRS/WK	NONE	NONE	NONE
SHEILA MARKLEY-BLACK 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
NANCY MCPEEK 1001 MARKET AVENUE NORTH CANTON, OH 44702	TRUSTEE 2 HRS/WK	NONE	NONE	NONE
	GRAND TOTALS	92,500.	4,889.	NONE

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: JANE M. TIMKEN
RELATIONSHIP: SISTER-IN-LAW OF ROBERT R. TIMKEN

NAME OF OFFICER, DIRECTOR, ETC: JOHN WERREN
RELATIONSHIP: CO-WORKER OF SHEILA MARKLEY-BLACK

NAME OF OFFICER, DIRECTOR, ETC: ROBERT R. TIMKEN
RELATIONSHIP: BROTHER-IN-LAW OF JANE M. TIMKEN

NAME OF OFFICER, DIRECTOR, ETC: SHEILA MARKLEY-BLACK
RELATIONSHIP: CO-WORKER OF JOHN WERREN

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	REIMBURSED OPERATING EXPENSES REPRESENT THE REIMBURSEMENT OF UTILITIES, HOSPITALIZATION, AND NEWSLETTER PAYMENTS INITIALLY MADE BY ARTS IN STARK ON BEHALF OF THE VARIOUS EXEMPT ORGANIZATIONS IT SUPPORTS. THESE ORGANIZATIONS INCLUDE THE CANTON MUSEUM OF ART, CANTON BALLET, VOICES OF CANTON, INC. AND THE PLAYERS GUILD OF CANTON. THE EXPENSES REIMBURSED ARE ESSENTIAL EXPENSES FOR THE OPERATION OF THESE EXEMPT ORGANIZATIONS WHICH UTILIZE THE CULTURAL CENTER FACILITIES.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

THE ORGANIZATION PURCHASED LEGAL SERVICES AND DENTAL INSURANCE FROM FIRMS WHICH HAVE TIES TO CERTAIN MEMBERS OF THE BOARD OF TRUSTEES. SPECIFICALLY, 2 MEMBERS OF THE BOARD ARE EMPLOYEES OF THE LAW FIRM AND ONE MEMBER WORKS FOR THE INSURANCE COMPANY. CHARGES FOR THE SERVICES RENDERED WERE AT FAIR MARKET VALUE AND WERE IN ACCORDANCE WITH FEES PAID BY THE FIRMS' OTHER CUSTOMERS.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2004	2003	2002	2001	TOTAL
MISCELLANEOUS INCOME	39,907.	58,884.			98,791.
TOTALS	39,907.	58,884.			98,791.

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2005

Name of estate or trust

ARTS IN STARK

Employer identification number

34-6609771

Note: *Form 5227 filers need to complete **only** Parts I and II*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
1						

2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2004 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below ►	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6						
	SEE STATEMENT 1			2,490,912.	2,165,702.	325,210.

7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2004 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below ►	12	325,210.

Part III Summary of Parts I and II

Caution: *Read the instructions **before** completing this part.*

			(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			
14	**Net long-term gain or (loss):**				
a	Total for year	14a			325,210.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet on page 35)	14b			
c	28% rate gain or (loss)	14c			
15	**Total net gain or (loss).** Combine lines 13 and 14a ►	15			325,210.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of.
- **a** The loss on line 15, column (3) **or**
- **b** $3,000 . . . . . **16** ( )

*If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 37 of the instructions to determine your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

(Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22 is more than zero.)

Note: *If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.*

17 Enter taxable income from Form 1041, line 22 . . . . . **17**

18 Enter the **smaller** of line 14a or 15 in column (2) but not less than zero **18**

19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) **19**

20 Add lines 18 and 19 . . . . . **20**

21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . ▶ **21**

22 Subtract line 21 from line 20 If zero or less, enter -0- **22**

23 Subtract line 22 from line 17 If zero or less, enter -0- **23**

24 Enter the **smaller** of the amount on line 17 or $2,000 . . . . . **24**

25 Is the amount on line 23 equal to or more than the amount on line 24?
- ☐ **Yes.** Skip lines 25 through 27, go to line 28 and check the "No" box.
- ☐ **No.** Enter the amount from line 23 . . . . . **25**

26 Subtract line 25 from line 24 . . . . . **26**

27 Multiply line 26 by 5% (05) **27**

28 Are the amounts on lines 22 and 26 the same?
- ☐ **Yes.** Skip lines 28 through 31, go to line 32
- ☐ **No.** Enter the **smaller** of line 17 or line 22 . . . . . **28**

29 Enter the amount from line 26 (If line 26 is blank, enter -0-) **29**

30 Subtract line 29 from line 28 . . . . . **30**

31 Multiply line 30 by 15% (15) **31**

32 Figure the tax on the amount on line 23 Use the 2005 Tax Rate Schedule on page 23 of the instructions **32**

33 Add lines 27, 31, and 32 . . . . . **33**

34 Figure the tax on the amount on line 17 Use the 2005 Tax Rate Schedule on page 23 of the instructions **34**

35 **Tax on all taxable income.** Enter the **smaller** of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 . . . . . **35**

JSA
5F1220 3 000

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
VARIOUS SECURITIES - SEE STATEMENT 1A	VARIOUS	VARIOUS	2,490,912.	2,165,702.	325,210.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			2,490,912.	2,165,702.	325,210.
Totals			2,490,912.	2,165,702.	325,210.

Form **8868**
(Rev December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

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

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

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	ARTS IN STARK	34-6609771
	Number, street, and room or suite no If a P O box, see instructions 1001 MARKET AVENUE NORTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CANTON, OH 44702	

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

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

- The books are in the care of ▶ JANE BETHEL

  Telephone No ▶ 330 452-4096 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 02/15 , 2007 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year _____ or

▶ [X] tax year beginning 07/01 , 2005 , and ending 06/30 , 2006

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . . . . . **$** _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit . . . . . **$** _____

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . . . **$** _____

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 12-2004)

JSA
5F8054 1 000