

Return of Organization Exempt From Income Tax

2006

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: MARCUS CENTER FOR THE PERFORMING ARTS, INC. D Employer identification number: 51-0532407

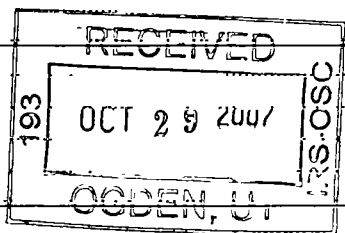
G Website: WWW.MARCUSCENTER.ORG H and I are not applicable to section 527 organizations.

J Organization type: 501(c)(3) K Check here if the organization is not a 509(a)(3) supporting organization

L Gross receipts: 7,300,047. M Check if the organization is not required to attach Sch B

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

Table with 21 rows detailing Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-tables for contributions, rental income, and asset sales.



SCANNED NOV 13 2007

MARCUS CENTER FOR THE PERFORMING ARTS, INC.

Form 990 (2006)

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A <b>STMT 6</b>	519,580.	0.	519,580.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	2,529,249.	2,529,249.		
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	114,107.	114,107.		
<b>28</b> Employee benefits not included on lines 25a - 27	184,172.	184,172.		
<b>29</b> Payroll taxes	217,110.	217,110.		
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	21,760.	21,760.		
<b>32</b> Legal fees	6,073.	6,073.		
<b>33</b> Supplies	30,630.		30,630.	
<b>34</b> Telephone	97,320.	97,320.		
<b>35</b> Postage and shipping	17,356.	17,356.		
<b>36</b> Occupancy	369,358.	369,358.		
<b>37</b> Equipment rental and maintenance	473,238.	473,238.		
<b>38</b> Printing and publications				
<b>39</b> Travel	36,777.	36,777.		
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	81,099.	81,099.		
<b>42</b> Depreciation, depletion, etc. (attach schedule)	731,291.	731,291.		
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> _____				
<b>f</b> _____				
<b>g</b> <b>SEE STATEMENT 5</b>	1,418,428.	1,311,692.	106,736.	
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,847,548.	6,190,602.	656,946.	0.

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

**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? <b>PRESENTATION OF THE PERFORMING ARTS TO MILWAUKEE COUNTY</b>	<b>Program Service Expenses</b> (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.)	
<b>a THE MARCUS CENTER FOR THE PERFORMING ARTS, INC. OFFERS FACILITIES (CENTER AND PARKING STRUCTURE) AND SERVICES TO A WIDE RANGE OF PERFORMING ARTS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>6,190,602.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>6,190,602.</b>

Form 990 (2006)

MARCUS CENTER FOR THE PERFORMING  
ARTS, INC.

Form 990 (2006)

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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	265,565.	308,191.
	46 Savings and temporary cash investments	2,600,293.	2,582,152.
	47 a Accounts receivable	166,861.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	32,476.	11,388.
	53 Prepaid expenses and deferred charges	32,709.	51,764.
	54 a Investments - publicly-traded securities <b>STMT 11</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	491,152.	546,989.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other <b>SEE STATEMENT 7</b>	1,481,779.	1,649,483.
	57 a Land, buildings, and equipment: basis	19,965,813.	
b Less: accumulated depreciation	9,135,291.		
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 8</b> )	220,010.	208,037.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	16,724,565.	16,355,387.	
Liabilities	60 Accounts payable and accrued expenses	260,918.	468,155.
	61 Grants payable		
	62 Deferred revenue	233,366.	416,222.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities <b>STMT 9</b>	1,889,742.	1,479,281.
	b Mortgages and other notes payable	97,500.	90,000.
	65 Other liabilities (describe <b>SEE STATEMENT 10</b> )	1,831,710.	1,714,812.
66 <b>Total liabilities.</b> Add lines 60 through 65	4,313,236.	4,168,470.	
Net Assets or Fund Balances	<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	12,390,751.	12,170,583.
	68 Temporarily restricted	20,578.	16,334.
	69 Permanently restricted		
	<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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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 and column (B) must equal line 21)	12,411,329.	12,186,917.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	16,724,565.	16,355,387.	

Form 990 (2006)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	7,295,757.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	33,384.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>ALLOCATED RENTAL EXPENSES</u>	b4	672,621.	
	Add lines b1 through b4			<b>b</b> 706,005.
<b>c</b>	Subtract line b from line a			<b>c</b> 6,589,752.
<b>d</b>	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):	d2		
	Add lines d1 and d2			<b>d</b> 0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines c and d			<b>e</b> 6,589,752.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	7,520,169.
<b>b</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): <u>ALLOCATED RENTAL EXPENSES</u>	b4	672,621.	
	Add lines b1 through b4			<b>b</b> 672,621.
<b>c</b>	Subtract line b from line a			<b>c</b> 6,847,548.
<b>d</b>	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):	d2		
	Add lines d1 and d2			<b>d</b> 0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines c and d			<b>e</b> 6,847,548.

**Part V-A 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 12		493,155.	26,425.	0.



**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?	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		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? N/A		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
<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? N/A	85g	
<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? N/A	85h	
<b>86</b>	<b>501(c)(7) organizations</b> Enter: <b>a</b> 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: <b>a</b> 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 a</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	88a	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	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 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
<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 <u>0.</u>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
<b>90 a</b>	List the states with which a copy of this return is filed <u>WI</u>	90b	203
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006		
<b>91 a</b>	The books are in care of <u>CAROL HAYDEN</u> Telephone no <u>414-273-7121</u> Located at <u>929 N. WATER ST., MILWAUKEE, WI</u> ZIP + 4 <u>53202</u>		
<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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**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 PARKING					385,264.
b TICKET SALES					1,035,663.
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	170,555.	
96 Dividends and interest from securities			14	27,275.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property	532000	-55,092.	16	1,011,931.	
98 Net rental income or (loss) from personal property	900002	17,065.	17	186,356.	
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-4,827.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a FACILITY FEES					401,992.
b SERVICE AND					
c REIMBURSEMENT INCOME					1,488,016.
d CONCESSIONS			03	183,850.	
e OTHER REVENUE	541800	19,112.			237,216.
104 Subtotal (add columns (B), (D), and (E))		-18,915.		1,575,140.	3,548,151.
105 Total (add line 104, columns (B), (D), and (E))					5,104,376.

**Note:** Line 105 plus line 1e, 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)
1	SEE STATEMENT 13

**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).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
<b>Totals</b>						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here: *Caroline M. Hayden* VP of Finance | Date: 10/25/07  
 Signature of officer  
 Type or print name and title: Caroline M. Hayden

Paid Preparer's Use Only: Preparer's signature: *Karen Karmns* | Date: 10/22/07 | Check if self-employed:  | Preparer's SSN or PTIN (See Gen. Inst. X):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: SCHENCK SC, 11414 W PARK PLACE STE 200, MILWAUKEE, WI 53224  
 EIN: | Phone no: (414) 463-4411

**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

**2006**

Name of the organization **MARCUS CENTER FOR THE PERFORMING ARTS, INC.** Employer identification number **51 0532407**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 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
ERIC ZAUN 929 N. WATER ST., MILWAUKEE, WI 53202	TECHNICAL DIRECTOR 40.00	82,805.	4,935.	
MATTHEW EYRISE 929 N. WATER ST., MILWAUKEE, WI 53202	STAFF STAGEHAND 40.00	69,968.	0.	
GEORGE BATAYIAS JR. 929 N. WATER ST., MILWAUKEE, WI 53202	STAFF STAGEHAND 40.00	68,790.	2,096.	
CYNTHIA SCHAEFER 929 N. WATER ST., MILWAUKEE, WI 53202	CONTROLLER/IS MNGR 37.50	66,925.	2,371.	
JEROLD FOX 929 N. WATER ST., MILWAUKEE, WI 53202	SALES DIRECTOR 37.50	64,268.	66.	
Total number of other employees paid over \$50,000	▶ 15			

**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
GIBB BUILDING MAINTENANCE 5100 W GOOD HOPE ROAD, MILWAUKEE, WI 53223	CLEANING	143,787.
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		X
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 Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions )

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

MARCUS CENTER FOR THE PERFORMING

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

**26 Organizations described on lines 10 or 11:**

**a** Enter 2% of amount in column (e), line 24 ▶ **26a**

**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 2002 through 2005 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**

**d** Add: Amounts from column (e) for lines

18 _____	19 _____
22 _____	26b _____

**e** Public support (line 26c minus line 26d total) ▶ **26d**

**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26e**

**g** Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** %

**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**

(2005)	(2004)	(2003)	(2002)
--------	--------	--------	--------

**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**

(2005)	(2004)	(2003)	(2002)
--------	--------	--------	--------

**c** Add: Amounts from column (e) for lines

15 _____	16 _____
17 _____	20 _____
21 _____	21 _____

**d** Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27c** N/A

**e** Public support (line 27c total minus line 27d total) ▶ **27d** N/A

**f** Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ **27e** N/A

**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27f** N/A %

**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27g** N/A %

**27h** 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 2002 through 2005, 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

**NONE**

**Part V Private School Questionnaire** (See page 9 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 )  _____ _____ _____		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )  _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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)

Table with columns (a) Affiliated group totals and (b) To be completed for all electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

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 13 of the instructions)

Table for 4-Year Averaging Period with columns (a) 2006, (b) 2005, (c) 2004, (d) 2003, and (e) Total. Rows 45-50 detailing lobbying nontaxable amounts and ceilings.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

N/A

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

- a Volunteers
b Paid staff or management
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.)

Table with columns Yes, No, and Amount for reporting lobbying activity.



Marcus Center for the Performing Arts  
51-0532407  
12/31/2006

Attachment to Part II Line 42 & Part IV, Line 57

	<u>12/31/06</u> <u>Cost</u>	<u>1/1/2006</u> <u>Accum. Depr.</u>	<u>Current</u> <u>Depr.</u>	<u>12/31/2006</u> <u>NBV</u>
Parking structure	2,350,941	2,156,785	38,461	155,695
Equipment	375,936	230,129	11,290	134,517
Furniture & fixtures	48,986	16,459	2,037	30,490
Rainbow summer tent	3,440	2,408	688	344
Computer	21,278	21,278	-	-
Leasehold Improvements & Equipment	<u>17,165,233</u>	<u>5,953,841</u>	<u>701,916</u>	<u>10,509,476</u>
	<u>19,965,813</u>	<u>8,380,898</u>	<u>754,392</u>	<u>10,830,522</u>
Less Depreciation allocated to rental			<u>(23,101)</u>	
			<u>731,291</u>	

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITY RENTALS	1	1,011,931.
FACILITY RENTALS	2	604,274.
EQUIPMENT RENTALS	3	186,356.
EQUIPMENT RENTALS	4	30,320.
TOTAL TO FORM 990, PART I, LINE 6A		1,832,881.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		659,366.	
- SUBTOTAL -	2		659,366.
RENTAL EXPENSES		13,255.	
- SUBTOTAL -	4		13,255.
TOTAL TO FORM 990, PART I, LINE 6B			672,621.

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
MUTUAL FUND SALES	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	32,847.	37,674.	0.	-4,827.
TOTAL TO FM 990, PART I, LN 8	32,847.	37,674.	0.	-4,827.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	33,384.
TOTAL TO FORM 990, PART I, LINE 20	33,384.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	603,032.	603,032.		
ADVERTISING & PROMOTION	247,562.	247,562.		
INSURANCE	53,646.	53,646.		
CONTRACTED SERVICES	269,283.	269,283.		
REVENUES DUE TO CITY OF MILWAUKEE	135,766.	135,766.		
COMMUNITY SUPPORT	967.	967.		
BAD DEBT	1,436.	1,436.		
ADMINISTRATIVE	93,043.		93,043.	
AMORTIZATION	13,693.		13,693.	
TOTAL TO FM 990, LN 43	1,418,428.	1,311,692.	106,736.	

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PAUL F. MATHEWS	154,962.	12,488.		167,450.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	154,962.	12,488.		167,450.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
THOMAS GERGERICH	107,590.	3,674.		111,264.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	107,590.	3,674.		111,264.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CAROLINE HAYDEN	88,374.	2,368.		90,742.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	88,374.	2,368.		90,742.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD HECHT	71,641.	3,416.		75,057.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	71,641.	3,416.		75,057.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
HEIDI LOFY	70,588.	4,479.		75,067.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	70,588.	4,479.		75,067.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				519,580.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>519,580.</u>

FORM 990 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
CERTIFICATE OF DEPOSIT - CITY	MARKET VALUE	1,649,483.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<u>1,649,483.</u>

FORM 990

OTHER ASSETS

STATEMENT 8

DESCRIPTION	AMOUNT
DEFERRED DEBT ISSUANCE COSTS, NET	2,803.
DEVELOPMENT COSTS	168,481.
ARTWORK	35,000.
INTEREST RECEIVABLE	1,753.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	208,037.

FORM 990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 9

PURPOSE OF ISSUE

TO REDEEM PORTIONS OF PRIOR GENERAL OBLIGATION CORPORATE PURPOSE BONDS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	1,479,281.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A 1,479,281.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
DUE TO CITY OF MILWAUKEE	1,649,483.
OTHER LIABILITIES	65,329.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,714,812.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUND INVESTMENTS	COST			546,989.	546,989.
TO FORM 990, LINE 54A, COL B				546,989.	546,989.

FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 12  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHRISTOPHER S. ABELE 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	CHAIRMAN 1.00	0.	0.	0.
LYNN SPRANGERS 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	VICE CHAIR / SECRETARY 1.00	0.	0.	0.
MARK R. WILLIAMS 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	TREASURER 1.00	0.	0.	0.
GWEN T. JACKSON 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	IMMEDIATE PAST CHAIR 1.00	0.	0.	0.
LINDA S. BEDFORD 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	EXECUTIVE OFFICER 0.25	0.	0.	0.
D. EDWARD BOLTON 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	EXECUTIVE OFFICER 0.25	0.	0.	0.
MARY DOWELL 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	EXECUTIVE OFFICER 0.25	0.	0.	0.
NANCY HERNANDEZ 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	EXECUTIVE OFFICER 0.25	0.	0.	0.
LAURIE MAHONEY 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	EXECUTIVE OFFICER 0.25	0.	0.	0.
GREGORY MARCUS 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	EXECUTIVE OFFICER 0.25	0.	0.	0.
VINCENT L. MARTIN 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	EXECUTIVE OFFICER 0.25	0.	0.	0.

PERFECTO RIVERA 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	EXECUTIVE OFFICER 0.25	0.	0.	0.
CHRISTINE RODRIGUEZ 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	EXECUTIVE OFFICER 0.25	0.	0.	0.
KATHRYN BURKE 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	BOARD MEMBER 0.25	0.	0.	0.
ANTHONY S. BUSALACCHI 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	BOARD MEMBER 0.25	0.	0.	0.
LYNNE DEBRUIN 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	BOARD MEMBER 0.25	0.	0.	0.
DAVID FANTLE 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	BOARD MEMBER 0.25	0.	0.	0.
DOMINIC FRINZI 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	BOARD MEMBER 0.25	0.	0.	0.
LINDA GORENS-LEVEY 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	BOARD MEMBER 0.25	0.	0.	0.
BEV GREENBERG 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	BOARD MEMBER 0.25	0.	0.	0.
MARC J. MAROTTA 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	BOARD MEMBER 0.25	0.	0.	0.
BRENDA SKELTON 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	BOARD MEMBER 0.25	0.	0.	0.
JOSEPH TUCKER 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	BOARD MEMBER 0.25	0.	0.	0.
PAUL F. MATHEWS 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	PRESIDENT 37.50	154,962.	12,488.	0.

THOMAS GERGERICH 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	VP OF OPERATIONS 37.50	107,590.	3,674.	0.
CAROLINE HAYDEN 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	VP OF FINANCE/HR 37.50	88,374.	2,368.	0.
RICHARD HECHT 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	VP OF OPERATIONS 37.50	71,641.	3,416.	0.
HEIDI LOFY 929 NORTH WATER STREET MILWAUKEE, WI 53202-3122	VP OF MARKETING 37.50	70,588.	4,479.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>493,155.</u>	<u>26,425.</u>	<u>0.</u>

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FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 13  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PERFORMANCE AND OTHER PARKING RECEIPTS FROM PARKING AREAS ADJACENT TO FACILITIES TO PROVIDE ACCESS TO CULTURAL EVENTS AND EXHIBITS
93B	ADMISSIONS CHARGED FOR CULTURAL EVENTS
103A	ADMISSIONS CHARGED TO ATTEND EVENTS TO COVER THE MAINTENANCE OF THE FACILITIES
103C & E	OTHER REVENUE RECEIVED IN THE FORM OF ADMISSIONS AND FEES RELATED TO COMMUNITY-BASED PROGRAMMING AND REIMBURSEMENT OF EXPENSES FROM OTHER CHARITABLE ORGANIZATIONS.

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

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>MARCUS CENTER FOR THE PERFORMING ARTS, I</b>	Employer identification number <b>51-0532407</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>920 N. WATER ST.</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MILWAUKEE, WI 53202</b>	

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

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

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

- The books are in the care of  **THE ORGANIZATION**  
Telephone No.  **414-273-7121**    FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007.**
- 5 For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NECESSARY TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

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

**Signature and Verification**

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

Signature  **Jul M Boyle** Title  **CPA** Date  **7/31/07**

**Notice to Applicant. (To Be Completed by the IRS)**

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

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

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

Type or print	Name <b>SCHENCK SC</b>
	Number and street (include suite, room, or apt no.) or a P.O. box number <b>11414 W PARK PLACE STE 200</b>
	City or town, province or state, and country (including postal or ZIP code) <b>MILWAUKEE, WI 53224</b>

# Application for Extension of Time To File an Exempt Organization Return

▶ 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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>MARCUS CENTER FOR THE PERFORMING ARTS, I</b>	Employer identification number <b>51-0532407</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>920 N. WATER ST.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MILWAUKEE, WI 53202</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 ▶ **SCHENCK SC**  
Telephone No. ▶ **414-463-4411** 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 section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2006** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> 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>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	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.