

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

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)

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 07/01, 2006, and ending 06/30/2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization THE STATE THEATRE REGIONAL ARTS CENTER AT NEW BRUNSWICK INC. D Employer identification number 16-1616384 E Telephone number (732) 247-7200 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).

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

G Website: STATETHEATRENJ.ORG

J Organization type (check only one) X 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

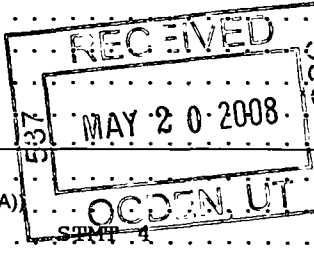
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 9,764,392.

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)

Table with 21 rows. Columns: Description, Sub-rows (a-d), Amount. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends... 6a Gross rents, 6b Less rental expenses, 6c Net rental income... 7 Other investment income... 8a Gross amount from sales of assets other, 8b Less cost or other basis... 8c Gain or (loss), 8d Net gain or (loss)... 9 Special events and activities... 9a Gross revenue, 9b Less direct expenses... 9c Net income... 10a Gross sales of inventory, 10b Less cost of goods sold, 10c Gross profit... 11 Other revenue... 12 Total revenue... 13 Program services... 14 Management and general... 15 Fundraising... 16 Payments to affiliates... 17 Total expenses... 18 Excess or (deficit) for the year... 19 Net assets or fund balances at beginning... 20 Other changes... 21 Net assets or fund balances at end of year.

SCANNED JUN 25 2008



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

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 (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 |
|---|----------------|----------------------|----------------------------|--------------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) | 663,592. | 286,305. | 172,853. | STMT 5 204,434. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) | | | | |
| c 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) (attach schedule) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 1,269,292. | 990,961. | 189,725. | 88,606. |
| 27 Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 Employee benefits not included on lines 25a - 27 | 247,945. | 177,173. | 41,769. | 29,003. |
| 29 Payroll taxes | 185,255. | 123,550. | 34,348. | 27,357. |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | 19,800. | NONE | 19,800. | NONE |
| 32 Legal fees | 3,096. | NONE | 3,096. | NONE |
| 33 Supplies | 10,905. | NONE | 10,905. | NONE |
| 34 Telephone | 44,715. | 29,821. | 8,291. | 6,603. |
| 35 Postage and shipping | 8,776. | NONE | 5,360. | 3,416. |
| 36 Occupancy | 440,678. | 389,278. | 42,400. | 9,000. |
| 37 Equipment rental and maintenance | 10,249. | NONE | 10,249. | NONE |
| 38 Printing and publications | | | | |
| 39 Travel | 179. | | | 179. |
| 40 Conferences, conventions, and meetings | 19,593. | 9,770. | 2,000. | 7,823. |
| 41 Interest | 109,233. | NONE | 109,233. | NONE |
| 42 Depreciation, depletion, etc (attach schedule) | 47,720. | 40,720. | 7,000. | NONE |
| 43 Other expenses not covered above (itemize): | STMT 6 | | | |
| a <u>MARKETING / BOX OFFICE</u> | 43a 836,834. | 836,834. | NONE | NONE |
| b <u>ARTIST FEES</u> | 43b 2,686,787. | 2,686,787. | NONE | NONE |
| c <u>FUNDRAISING</u> | 43c 51,152. | NONE | NONE | 51,152. |
| d <u>INSURANCE</u> | 43d 79,268. | 64,268. | 15,000. | NONE |
| e <u>EDUCATION PROGRAM</u> | 43e 95,104. | 95,104. | NONE | NONE |
| f <u>PRODUCTION</u> | 43f 217,401. | 217,401. | NONE | NONE |
| g <u>MISCELLANEOUS</u> | 43g 152,984. | NONE | 145,279. | 7,705. |
| 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | 7,200,558. | 5,947,972. | 817,308. | 435,278. |

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 \$ _____

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 7 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 PRESENTS A DIVERSITY OF WORLD-CLASS EVENTS INCLUDING INTERNATIONAL ORCHESTRAS, BROADWAY MUSICALS, JAZZ PRODUCTIONS, DANCE ENSEMBLES, TOURING OPERAS, COUNTRY MUSIC, FILM SERIES AND MORE. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 5,947,972. |
| b (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| c (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| d (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 5,947,972. |

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 | 167,510. | 45 | 142,861. |
| | 46 Savings and temporary cash investments | | 46 | |
| | 47a Accounts receivable | 121,409. | | |
| | b Less: allowance for doubtful accounts | | 47c | 121,409. |
| | 48a Pledges receivable | 148,700. | | |
| | b Less: allowance for doubtful accounts | 10,000. | 48c | 138,700. |
| | 49 Grants receivable | 98,377. | 49 | 83,903. |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51a Other notes and loans receivable (attach schedule) | | | |
| | b Less: allowance for doubtful accounts | | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | 98,021. | 53 | 54,067. |
| | 54a Investments - publicly-traded securities . STMT .8. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 4,319,364. | 54a | 4,772,819. |
| | b Investments - other securities (attach schedule) | | 54b | |
| | 55a Investments - land, buildings, and equipment basis | | | |
| | b Less: accumulated depreciation (attach schedule) | | 55c | |
| | 56 Investments - other (attach schedule) | | 56 | |
| | 57a Land, buildings, and equipment basis . STMT .9 | 1,223,577. | | |
| b Less: accumulated depreciation (attach schedule) | 759,695. | 57c | 463,882. | |
| 58 Other assets, including program-related investments (describe _____) | | 58 | | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | 5,319,444. | 59 | 5,777,641. | |
| Liabilities | 60 Accounts payable and accrued expenses | 441,321. | 60 | 354,611. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | 706,228. | 62 | 633,253. |
| | 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) . STMT. 10. | 2,038,548. | 64b | 1,590,382. |
| | 65 Other liabilities (describe _____) | | 65 | |
| 66 Total liabilities. Add lines 60 through 65 | 3,186,097. | 66 | 2,578,246. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | -2,024,258. | 67 | -1,042,459. |
| | 68 Temporarily restricted | 125,000. | 68 | 167,581. |
| | 69 Permanently restricted | 4,032,605. | 69 | 4,074,273. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)) | 2,133,347. | 73 | 3,199,395. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 5,319,444. | 74 | 5,777,641. |

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

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 16
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)
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 the organization? See the instructions for the definition of "related organization".
d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question, Yes, No. Rows 75b, 75c, 75d with 'X' marks in Yes/No columns.

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)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains '-0-' in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
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
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
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?
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).
b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question, Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b with 'X' marks in Yes/No columns.

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 82a through 89g regarding organizational activities, dues, and tax shelter transactions.

Questions 90 and 91 regarding state filing and organizational information. Includes fields for state (NJ), employee count (50), and address (11 Livingston Avenue New Brunswick, NJ).

Question 91b regarding foreign financial accounts. Includes Yes/No columns and a field for the foreign country name.

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 ▶ _____
- 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) Exclusion code | (D) Amount | |
| 93 Program service revenue. | | | | | |
| a <u>TICKET SALES</u> | | | | | 3,951,462. |
| b <u>THEATRE RENTAL FEES</u> | | | | | 498,808. |
| c <u>EDUCATION PROGRAMS</u> | | | | | 205,035. |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | 14 | 269,394. | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 44,385. | |
| 101 Net income or (loss) from special events | | | 01 | 406,653. | |
| 102 Gross profit or (loss) from sales of inventory | 711110 | 206,035. | | | |
| 103 Other revenue: a _____ | | | | | |
| b <u>TICKET FEES</u> | | | | | 471,962. |
| c <u>ADVERTISING</u> | 711110 | 76,582. | | | |
| d <u>MISCELLANEOUS</u> | | | 01 | 82,011. | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 282,617. | | 802,443. | 5,127,267. |
| 105 Total (add line 104, columns (B), (D), and (E)) ▶ | | | | | 6,212,327. |

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). |
|----------|---|
| ▼ | STMT 17 |
| | |
| | |

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).

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).

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

| | |
|-----|----|
| Yes | No |
| | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- | | | |
| b | ----- ----- | | | |
| c | ----- ----- | | | |
| Totals | | | | |

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

| | |
|-----|----|
| Yes | No |
| | X |

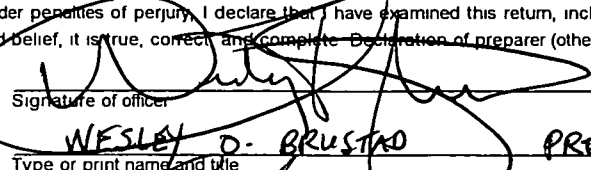
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- | | | |
| b | ----- ----- | | | |
| c | ----- ----- | | | |
| Totals | | | | |

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?

| | |
|-----|----|
| Yes | No |
| | X |

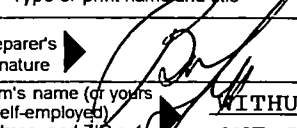
Please Sign Here

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

Signature of officer:  Date: 5/14/08

Type or print name and title: WESLEY D. BRUSTAD PRESIDENT

Paid Preparer's Use Only

Preparer's signature:  Date: 5/13/08

Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: WITHUMSMITH+BROWN, P.C. ONE SPRING STREET NEW BRUNSWICK, NJ 08901

Preparer's SSN or PTIN (See Gen Inst X): EIN 22-2027092 Phone no 732-828-1614

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 **THE STATE THEATRE REGIONAL ARTS CENTER
AT NEW BRUNSWICK INC.**

Employer identification number

16-1616384

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 |
|---|--|------------------|---|--|
| SEE STATEMENT 18 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|---|---------------------|------------------|
| SEE STATEMENT 19 | | |
| | | |
| | | |
| | | |
| | | |

Total number of other contractors receiving over \$50,000 for other services . . . ▶ **8**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

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

Table with columns for question number, description, Yes, and No. Includes questions 1 through 4g regarding lobbying activities, grants, and donor advised funds.

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 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 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

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

Table with columns for years (a) 2005, (b) 2004, (c) 2003, (d) 2002, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- ----- | 31 | |
| 32 Does the organization maintain the following | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- | | |
| 33 Does the organization discriminate by race in any way with respect to. | | |
| a Students' rights or privileges? | 33a | |
| b Admissions policies? | 33b | |
| c Employment of faculty or administrative staff? | 33c | |
| d Scholarships or other financial assistance? | 33d | |
| e Educational policies? | 33e | |
| f Use of facilities? | 33f | |
| g Athletic programs? | 33g | |
| h Other extracurricular activities? | 33h | |
| If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- | | |
| 34 a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b Has the organization's right to such aid ever been revoked or suspended? 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) 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)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

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 titled 'Lobbying Expenditures During 4-Year Averaging Period' with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and 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 13 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means, and Total lobbying expenditures.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 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?

Table with columns for categories (a-f), sub-items (i-vi), and Yes/No columns. Includes rows for Transfers from reporting organization, Other transactions, and Sharing of facilities.

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

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 [X] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

| DESCRIPTION | GROSS REVENUE | DIRECT EXPENSES | NET INCOME |
|-------------|---------------|-----------------|------------|
| GALA | 706,642. | 299,989. | 406,653. |
| TOTALS | 706,642. | 299,989. | 406,653. |

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES
=====

DESCRIPTION

AMOUNT

CONCESSIONS/ MERCHANDISE SALES

300,601.

TOTAL

300,601.
=====

FORM 990, PART I - COST OF GOODS SOLD

=====

| DESCRIPTION | BEGINNING INVENTORY | PURCHASES | SALARIES AND WAGES | OTHER COSTS | MINUS: ENDING INVENTORY | COST OF GOODS SOLD |
|--------------------------------|---------------------|-----------|--------------------|-------------|-------------------------|--------------------|
| CONCESSIONS/ MERCHANDISE SALES | NONE | 94,566. | | | NONE | 94,566. |
| TOTALS | NONE | 94,566. | | | NONE | 94,566. |

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

352,661.

TOTAL

352,661.
=====

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

| CURRENT OFFICER NAME | PROGRAM SERVICES | MANAGEMENT AND GENERAL | FUNDRAISING |
|---------------------------------|------------------|------------------------|-------------|
| WES BRUSTAD | | | |
| COMPENSATION: | NONE | 88,480. | 88,481. |
| CONTRIBUTIONS TO BENEFIT PLANS: | NONE | 7,033. | 7,034. |
| EXPENSE ACCOUNT: | NONE | NONE | NONE |
| GERALD CAMPAGNA | | | |
| COMPENSATION: | NONE | 71,628. | NONE |
| CONTRIBUTIONS TO BENEFIT PLANS: | NONE | 5,712. | NONE |
| EXPENSE ACCOUNT: | NONE | NONE | NONE |
| DAVID HARTKERN | | | |
| COMPENSATION: | 66,533. | NONE | NONE |
| CONTRIBUTIONS TO BENEFIT PLANS: | NONE | NONE | NONE |
| EXPENSE ACCOUNT: | NONE | NONE | NONE |
| LIAN FARRER | | | |
| COMPENSATION: | 68,882. | NONE | NONE |
| CONTRIBUTIONS TO BENEFIT PLANS: | 5,712. | NONE | NONE |
| EXPENSE ACCOUNT: | NONE | NONE | NONE |
| MARION COMBS | | | |
| COMPENSATION: | NONE | NONE | 101,538. |
| CONTRIBUTIONS TO BENEFIT PLANS: | NONE | NONE | 7,381. |
| EXPENSE ACCOUNT: | NONE | NONE | NONE |
| DANIEL GROSSMAN | | | |
| COMPENSATION: | 78,205. | NONE | NONE |
| CONTRIBUTIONS TO BENEFIT PLANS: | 7,492. | NONE | NONE |
| EXPENSE ACCOUNT: | NONE | NONE | NONE |
| ISADORE SACKOWITZ | | | |
| COMPENSATION: | 53,769. | NONE | NONE |
| CONTRIBUTIONS TO BENEFIT PLANS: | 5,712. | NONE | NONE |
| EXPENSE ACCOUNT: | NONE | NONE | NONE |
| TOTALS | 286,305. | 172,853. | 204,434. |

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

THE THEATRE'S MISSION IS TO PRESENT THE FINEST NATIONAL AND INTERNATIONAL PERFORMING ARTS, PROVIDE ARTS EDUCATION TO INFORM AND BUILD FUTURE AUDIENCES, ASSIST COMMUNITY ARTS ORGANIZATIONS WITH TECHNICAL AND OTHER PROFESSIONAL EXPERTISE, AND ENCOURAGE NEW JERSEY ARTISTS BY PROVIDING A FIRST-CLASS SHOWCASE FOR THEIR WORK.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | BEGINNING BOOK VALUE | ENDING BOOK VALUE | COST OR FMV |
|---------------------------|-------------------------|----------------------|----------------|
| MUTUAL FUNDS | 2,986,077. | 3,434,219. | FMV |
| U.S. TREASURY OBLIGATIONS | 1,333,287. | 1,338,600. | FMV |
| TOTALS | 4,319,364. | 4,772,819. | |

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

| ASSET DESCRIPTION | METHOD/ CLASS | BEGINNING BALANCE | ADDITIONS | DISPOSALS | ENDING BALANCE |
|----------------------|------------------|----------------------|-----------|-----------|-------------------|
| PRODUCTION EQUIPMTPP | SL | 658,264. | | | 658,264. |
| OFFICE EQUIPMENT | SL | 234,274. | | | 234,274. |
| EQUIPMENT | SL | | 331,039. | | 331,039. |
| TOTALS | | 892,538. | | | 1,223,577. |

ACCUMULATED DEPRECIATION DETAIL

| ASSET DESCRIPTION | BEGINNING BALANCE | ADDITIONS | DISPOSALS | ENDING BALANCE |
|----------------------|----------------------|-----------|-----------|-------------------|
| PRODUCTION EQUIPMTPP | 517,108. | 37,820. | | 554,928. |
| OFFICE EQUIPMENT | 194,867. | 7,050. | | 201,917. |
| EQUIPMENT | | 2,850. | | 2,850. |
| TOTALS | 711,975. | | | 759,695. |

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: COMMERCE BANK
ORIGINAL AMOUNT: 2,850,000.

| | |
|-----------------------------|------------|
| BEGINNING BALANCE DUE | 2,038,548. |
| ENDING BALANCE DUE | 1,590,382. |

| | |
|---|------------|
| TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE | 2,038,548. |
|---|------------|

| | |
|--|------------|
| TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE | 1,590,382. |
|--|------------|

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

=====

DESCRIPTION

AMOUNT

COSTS OF GOODS SOLD

94,566.

SPECIAL EVENT EXPENSES

299,989.

TOTAL

394,555.
=====

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

DESCRIPTION

AMOUNT

COST OF GOODS SOLD

94,566.

SPECIAL EVENT EXPENSES

299,989.

TOTAL

394,555.

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 |
|--|--|--------------|---|-----------------------------------|
| WES BRUSTAD 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | PRESIDENT/ CEO 40.00 | 176,961. | 14,067. | NONE |
| GERALD CAMPAGNA 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | DIRECTOR OF FINANCE 40.00 | 71,628. | 5,712. | NONE |
| DAVID HARTKERN 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | VICE PRESIDENT OF OPERATIONS 40.00 | 66,533. | NONE | NONE |
| LIAN FARRER 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | VICE PRESIDENT OF EDUCATION 40.00 | 68,882. | 5,712. | NONE |
| MARION COMBS 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | VICE PRESIDENT OF DEVELOPMENT 40.00 | 101,538. | 7,381. | NONE |
| DANIEL GROSSMAN 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | VICE PRESIDENT OF MARKETING 40.00 | 78,205. | 7,492. | NONE |
| ISADORE SACKOWITZ | DIRECTOR OF SALES 40.00 | 53,769. | 5,712. | 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 |
|---|------------------------------------|--------------|---|-----------------------------------|
| 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | | | | |
| WILLIAM H. POWELL | CHAIRMAN 4.00 | NONE | NONE | NONE |
| 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | | | | |
| DONALD E. O'CONNELL | VICE CHAIRMAN 4.00 | NONE | NONE | NONE |
| 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | | | | |
| SUSAN H. BLOK | SECRETARY 4.00 | NONE | NONE | NONE |
| 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | | | | |
| ANDREW J. MARKEY | TREASURER 4.00 | NONE | NONE | NONE |
| 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | | | | |
| ANN H. ASBATY | TRUSTEE 1.00 | NONE | NONE | NONE |
| 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | | | | |
| BRIAN S. BECK | TRUSTEE 1.00 | NONE | NONE | NONE |
| 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | | | | |

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 |
|--|------------------------------------|--------------|---|-----------------------------------|
| DOROTHEA BERKHOUT 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | TRUSTEE 1.00 | NONE | NONE | NONE |
| MADIHA BORAIE, G.R.I., C.R.B. 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | TRUSTEE 1.00 | NONE | NONE | NONE |
| FRANKIE BUSCH 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | TRUSTEE 1.00 | NONE | NONE | NONE |
| ANDREA CUNNELL 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | TRUSTEE 1.00 | NONE | NONE | NONE |
| EFREM B. DLUGACZ 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | TRUSTEE 1.00 | NONE | NONE | NONE |
| KEVEN P. EGAN 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | TRUSTEE 1.00 | 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 |
|---|------------------------------------|--------------|---|-----------------------------------|
| ASHOK KUMAR, M.D. 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | TRUSTEE 1.00 | NONE | NONE | NONE |
| SHERARD MURPHY 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | TRUSTEE 1.00 | NONE | NONE | NONE |
| DONALD M. TRETOLA 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | TRUSTEE 1.00 | NONE | NONE | NONE |
| GERALD WEISFOGEL, M.D. 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | TRUSTEE 1.00 | NONE | NONE | NONE |
| GRAND TOTALS | | 617,516. | 46,076. | NONE |

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 | PROMOTES ARTISTIC AND CULTURAL WELFARE OF CENTRAL NJ |
| 93B | THE THEATRE IS MADE AVAILABLE TO A NUMBER OF COMMUNITY, CIVIC AND PERFORMING ARTS ORGANIZATIONS ON A RENTAL BASIS |
| 93C | EDUCATION PROGRAMS ARE TO INSTRUCT SCHOOL AGE CHILDREN ABOUT THE THEATRE |
| 103 | TICKET HANDLING FEES, MARKETING INCOME, MISCELLANEOUS OPERATING INCOME AND FACILITY FEES ARE DIRECTLY RELATED TO THE ORGANIZATION'S PROGRAM SERVICE REVENUE |

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCOUNT |
|---|------------------------------------|--------------|---|-----------------|
| ANDREW FISHMAN 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | PROGRAMMING MANAGER 40.00 | 64,346. | 8,441. | NONE |
| MIKE SIVITZ 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | HOUSE CARPENTER 40.00 | 61,581. | 6,639. | NONE |
| RICHIED STANEK 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | HOUSE TECHNICIAN 40.00 | 60,598. | 6,572. | NONE |
| CRAIG WERNER 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | MASTER ELECTRICIAN 40.00 | 63,272. | 6,852. | NONE |
| TOTAL COMPENSATION | | 249,797. | 28,504. | NONE |

SCH: A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

| | | |
|---|--------------------|----------------------------|
| COLUMBIA ARTIST MANAGEMENT 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | ARTIST PERFORMANCE | 262,000. |
| ICM ARTIST 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | ARTIST PERFORMANCE | 234,500. |
| A.M. PRODUCTION 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | ARTIST PERFORMANCE | 168,419. |
| CATS-EYE, LLC 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | ARTIST PERFORMANCE | 95,000. |
| THE STOMP CO. 11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901 | ARTIST PERFORMANCE | 90,000. |
| | TOTAL COMPENSATION | ----- 849,919. ===== |

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

=====

UBS FINANCIAL SERVICES HAS EXTENDED A REVOLVING LINE OF CREDIT TO THE ORGANIZATION IN THE AMOUNT OF \$2,850,000; THE BALANCE OUTSTANDING IS \$1,590,382. A MEMBER OF THE BOARD OF TRUSTEES IS A RETIRED EXECUTIVE OF UBS FINANCIAL SERVICES.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE PART V-A, FORM 990

