

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 JUL 1, 2006 and ending JUN 30, 2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: BERGEN PERFORMING ARTS CENTER, INC CORPORATION. D Employer identification number: 30-0194642. E Telephone number: (201) 816-8160. F Accounting method: Cash, Accrual.

G Website: WWW.BERGENPAC.ORG. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number: N/A.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,819,420. 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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory, less returns and allowances; 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 of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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**BERGEN PERFORMING ARTS CENTER, INC
CORPORATION**

Form 990 (2006)

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a 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"/>				
22b 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"/>				
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	570,346.	420,605.	101,207.	48,534.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	500,737.	319,892.	29,461.	151,384.
27 Pension plan contributions not included on lines 25a, b, and c	11,149.	11,149.		
28 Employee benefits not included on lines 25a - 27	52,883.	36,561.	6,451.	9,871.
29 Payroll taxes	92,711.	64,096.	11,310.	17,305.
30 Professional fundraising fees				
31 Accounting fees	17,400.	17,400.		
32 Legal fees	31,957.	28,957.	3,000.	
33 Supplies	37,446.	28,502.	3,535.	5,409.
34 Telephone	22,091.	15,273.	2,695.	4,123.
35 Postage and shipping	61,848.	19,742.	3,484.	38,622.
36 Occupancy				
37 Equipment rental and maintenance	41,781.	39,563.	877.	1,341.
38 Printing and publications				
39 Travel	7,415.	4,651.	821.	1,943.
40 Conferences, conventions, and meetings				
41 Interest	85,571.	73,603.	10,435.	1,533.
42 Depreciation, depletion, etc. (attach schedule)	169,497.	152,677.	10,183.	6,637.
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 2	3,444,938.	3,372,582.	11,829.	60,527.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,147,770.	4,605,253.	195,288.	347,229.

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

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Form 990 (2006)

**BERGEN PERFORMING ARTS CENTER, INC
CORPORATION**

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>ALL EXPENSES RELATED TO PERFORMANCES PRESENTED IN ACCORDANCE WITH THE COMPANY'S STATED MISSION. DETAILS AVAILABLE UPON REQUEST.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,605,253.
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) ►	4,605,253.

Form **990** (2006)

**BERGEN PERFORMING ARTS CENTER, INC
CORPORATION**

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	12,164.	45	50,833.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	229,626.		
	b Less: allowance for doubtful accounts		47c	229,626.
	48 a Pledges receivable	385,443.		
	b Less: allowance for doubtful accounts		48c	385,443.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	15,430.	53	150,183.
	54 a Investments - publicly-traded securities		54a	
	b Investments - other securities	9,716.	54b	0.
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other	100,000.	56	100,000.	
57 a Land, buildings, and equipment: basis	2,408,388.			
b Less: accumulated depreciation	457,336.	57c	1,951,052.	
58 Other assets, including program-related investments (describe NET BOND COSTS, SECURITY DEPOSIT)	81,731.	58	72,634.	
59 Total assets (must equal line 74). Add lines 45 through 58	3,026,345.	59	2,939,771.	
Liabilities	60 Accounts payable and accrued expenses	354,001.	60	498,841.
	61 Grants payable		61	
	62 Deferred revenue	288,670.	62	685,780.
	63 Loans from officers, directors, trustees, and key employees	200,000.	63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	1,912,655.	64b	2,189,852.
	65 Other liabilities (describe _____)		65	
66 Total liabilities. Add lines 60 through 65	2,755,326.	66	3,374,473.	
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	271,019.	67	-839,145.
	68 Temporarily restricted		68	404,443.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	271,019.	73	-434,702.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,026,345.	74	2,939,771.

Form 990 (2006)

**BERGEN PERFORMING ARTS CENTER, INC
CORPORATION**

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Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 a 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 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
89 a 501(c)(3) organizations. 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 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed <u>NJ</u>	90b		52
b Number of employees employed in the pay period that includes March 12, 2006			
91 a The books are in care of <u>BERGEN PERFORMING ARTS CENTER, INC.</u> Telephone no <u>(201) 816-8160</u> Located at <u>30 NORTH VAN BRUNT ST., ENGLEWOOD, NJ</u> ZIP + 4 <u>07631</u>			
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>	91b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Part VI Other Information (continued) Yes No

91c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
 If "Yes," enter the name of the foreign country ▶ 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 SEE STATEMENT 8					3,638,776.
b					
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	522100	2,907.	14		
96 Dividends and interest from securities	523000	12.	14		
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					
101 Net income or (loss) from special events					158,504.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		2,919.		0.	3,797,280.
105 Total (add line 104, columns (B), (D), and (E))					▶ 3,800,199.

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)
▼	SEE STATEMENT 9

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)

Form **990** (2006)

**BERGEN PERFORMING ARTS CENTER, INC
CORPORATION**

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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

Yes	No

	(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

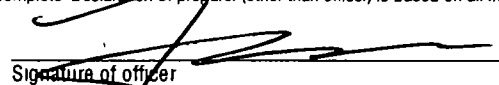
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

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

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

Signature of officer  Date 4/20/08
FRANK HUTTEL, III, PRESIDENT
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date 4/11/08 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 **WISS & COMPANY, LLP**
354 EISENHOWER PARKWAY
LIVINGSTON, NJ 07039
 Preparer's SSN or PTIN (See Gen. Inst. X) 100252682
 EIN 22-1732349
 Phone no 973-994-9400

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **BERGEN PERFORMING ARTS CENTER, INC CORPORATION** Employer identification number **30 0194642**

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
NONE				
			0.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PRANA MARKETING & CONSULTING 560 SYLVAN AVE., ENGLEWOOD CLIFFS, NJ 07632-3119	MARKETING CONSULTANTS	56,285.
REDLINE & DESIGNS 29 BEAVER RIDGE ROAD, MORRIS PLAINS, NJ 07950	MARKETING DESIGN WEB SERVICED	55,010.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

	Yes	No
<p>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)</p> <p>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</p>		X
<p>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.)</p> <p>a Sale, exchange, or leasing of property?</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p>		X
<p>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)</p> <p>b Did the organization have a section 403(b) annuity plan for its employees?</p> <p>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</p> <p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p> <p>b Did the organization make any taxable distributions under section 4966?</p> <p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p> <p>d Enter the total number of donor advised funds owned at the end of the tax year ► 0</p> <p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► 0.</p> <p>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.</p> <p>g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ► 0.</p>	N/A N/A	X

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	
Total					►

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

BERGEN PERFORMING ARTS CENTER, INC

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
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,469,944.	802,758.			2,272,702.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	22,416.	139.			22,555.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,492,360.	802,897.	0.	0.	2,295,257.
24 Line 23 minus line 17	1,492,360.	802,897.			2,295,257.
25 Enter 1% of line 23	14,924.	8,029.			
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					45,905.
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					762,545.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					2,295,257.
d Add: Amounts from column (e) for lines 18 <u>22,555.</u> 19 _____ 22 _____ 26b <u>762,545.</u>					785,100.
e Public support (line 26c minus line 26d total)					1,510,157.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					65.7947%
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					N/A
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					N/A
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

BERGEN PERFORMING ARTS CENTER, INC

Schedule A (Form 990 or 990-EZ) 2006 **CORPORATION**

30-0194642 Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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

2006 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
12	BUILDING	VARIES	SL	39.00	17	1399602.			1399602.	89,718.		35,887.
13	BUILDING IMPROVEMENTS	VARIES	150DB	15.00	17	239,304.			239,304.	57,279.		41,126.
	* 990 PAGE 2 TOTAL BUILDINGS					1638906.		0.	1638906.	146,997.	0.	77,013.
	FURNITURE & FIXTURES											
16	FURNITURE & FIXTURES	VARIES	200DB	7.00	17	49,212.			49,212.	6,503.		8,684.
17	BEYOND DANCE	VARIES	200DB	7.00	17	12,718.			12,718.	1,029.		2,010.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					61,930.		0.	61,930.	7,532.	0.	10,694.
	MACHINERY & EQUIPMENT											
14	OFFICE EQUIPMENT	VARIES	200DB	5.00	17	37,411.			37,411.	10,513.		6,385.
15	COMPUTER EQUIPMENT	VARIES	200DB	5.00	17	80,641.			80,641.	25,556.		15,943.
18	PRODUCTION EQUIPMENT	VARIES	200DB	10.00	17	351,727.			351,727.	104,648.		48,324.
	DANCE STUDIO											
19	EQUIPMENT	VARIES	200DB	10.00	17	10,726.			10,726.	1,690.		2,041.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					480,505.		0.	480,505.	142,407.	0.	72,693.
	LAND											
11	LAND	VARIES	SL			227,047.			227,047.			0.
	* 990 PAGE 2 TOTAL LAND					227,047.		0.	227,047.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 2 DEPR					2408388.		0.	2408388.	296,936.	0.	160,400.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
GALA EVENT CONTRIBUTION		46,570.	-46,570.		-46,570.	
JOURNAL ADS	344,600.		344,600.		344,600.	
GALA TICKETS	191,275.		191,275.		191,275.	
GALA EVENT CONTRIBUTION	46,570.		46,570.		46,570.	
DEVELOPMENT GALA EVENT				377,371.	-377,371.	
TO FM 990, PART I, LINE 9	582,445.	46,570.	535,875.	377,371.	158,504.	

FORM 990	OTHER EXPENSES				STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
INSURANCE	39,782.	39,782.	0.	0.		
LICENSE & PERMITS	5,510.	4,955.	555.	0.		
PAYROLL SERVICE FEES	3,585.	2,479.	437.	669.		
EDUCATION	6,600.	0.	0.	6,600.		
BANKCARD FEES	111,667.	111,109.	0.	558.		
COMPUTER SERVICES	5,223.	0.	0.	5,223.		
MISCELLANEOUS	22,396.	14,906.	1,713.	5,777.		
MARKETING	836,367.	836,367.	0.	0.		
COST OF PERFORMANCES	2,178,015.	2,178,015.	0.	0.		
CONTRACTED LABOR	22,758.	22,758.	0.	0.		
PLAYBILL COMMISSIONS	19,185.	19,185.	0.	0.		
DUES & SUBSCRIPTIONS	3,879.	2,682.	473.	724.		
RENT	56,834.	56,834.	0.	0.		
UTILITIES	80,840.	80,840.	0.	0.		
CONSULTING FEES	43,852.	2,670.	8,651.	32,531.		
OPENING NIGHT	8,445.	0.	0.	8,445.		
TOTAL TO FM 990, LN 43	3,444,938.	3,372,582.	11,829.	60,527.		

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
PART III			

EXPLANATION

1. TO ENHANCE THE PERFORMING ARTS IN BERGEN COUNTY, NEW JERSEY.
2. TO AID, PRODUCE, PRESENT, AND TO MAKE ANY AND ALL ARRANGEMENTS NECESSARY, OR DESIRABLE IN CONNECTION THEREWITH, MUSICAL CONCERTS, RECITALS, AND PRODUCTIONS OF EVERY KIND AND NATURE, INCLUDING, BUT NOT LIMITED TO, VOCAL AND INSTRUMENTAL CONCERTS, RECITALS, OPERAS, AND BALLETS.

3. TO SOLICIT, ACCEPT, ADMINISTER, AND DISBURSE GIFTS, GRANTS, AND BEQUESTS OF PROPERTY OF EVERY KIND OR TO HOLD SAID PROPERTY IN TRUST IN SUCH MANNER AS THE CORPORATION DEEMS APPROPRIATE FOR THE FURTHERING OF THE PURPOSES OF THE CORPORATION.

4. TO MAKE DISTRIBUTIONS TO THE PERFORMING ARTS OR ANY OTHER ORGANIZATION ORGANIZED TO SUPPORT THE PERFORMING ARTS THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE (OR ANY CORRESPONDING PROVISION OF ANY FURTHER UNITED STATES INTERNAL REVENUE LAW).

FORM 990	OTHER INVESTMENTS	STATEMENT	4
DESCRIPTION	VALUATION METHOD	AMOUNT	
INVESTMENTS HELD	MARKET VALUE	100,000.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		100,000.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	227,047.	0.	227,047.
BUILDING	1,399,602.	125,605.	1,273,997.
BUILDING IMPROVEMENTS	239,304.	98,405.	140,899.
OFFICE EQUIPMENT	37,411.	16,898.	20,513.
COMPUTER EQUIPMENT	80,641.	41,499.	39,142.
FURNITURE & FIXTURES	49,212.	15,187.	34,025.
FURNITURE & FIXTURES - BEYOND DANCE	12,718.	3,039.	9,679.
PRODUCTION EQUIPMENT	351,727.	152,972.	198,755.
DANCE STUDIO EQUIPMENT	10,726.	3,731.	6,995.
TOTAL TO FORM 990, PART IV, LN 57	2,408,388.	457,336.	1,951,052.

FORM 990	OTHER SECURITIES	STATEMENT	6
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES	
INVESTMENTS SECURITIES	FMV	0.	
TO FORM 990, LINE 54B, COL B		0.	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
AMELIA GOLD 95 GLENNWOOD RD. ENGLEWOOD, NJ 07631	TRUSTEE 2.00	0.	0.	0.
ANDRE LOH 38 BEECHWOOD RD. ORADELL, NJ 07649	CHIEF FINANCIAL OFFICER 45.00	105,345.	0.	0.
BERNARD KOSTER 7 OLD SMITH RD. TENAFLY, NJ 07670	TRUSTEE 2.00	0.	0.	0.
CHRIS YEGEN 270 DEVON RD. TENAFLY, NJ 07670	VP/SECRETARY 5.00	0.	0.	0.
DAVID RODRIGUEZ 102 DAVISON PLACE ENGLEWOOD, NJ 07631	EXECUTIVE DIRECTOR 50.00	190,000.	0.	0.
DENNIS MCNERNEY 1 BERGEN COUNTY PLAZA HACKENSACK, NJ 07601	TRUSTEE 1.00	0.	0.	0.
DONALD ARONSON 77 BRAYTON ENGLEWOOD, NJ 07631	TRUSTEE 1.00	0.	0.	0.
EDMONDO SCHWARTZ P.O.BOX 236 ALPINE, NJ 07620	VP/TREASURER 5.00	0.	0.	0.
FRANK HUTTLE, III 485 HIGHVIEW RD. ENGLEWOOD, NJ 07631	PRESIDENT 30.00	0.	0.	0.
JEREMY JOHNSON 2 VAUGHAN DR. NEWARK, NJ 07103	DIRECTOR OF DEVELOPMENT 0.00	95,001.	0.	0.
JOSEPH FEOLA 106 GROVE STREET BERGENFIELD, NJ 07621	TECHNICAL DIRECTOR 45.00	60,000.	3,000.	0.

BERGEN PERFORMING ARTS CENTER, INC CORPO

30-0194642

LORI STOKES 7 LINCOLN SQ. NEW YORK, NY 10023	TRUSTEE 1.00	0.	0.	0.
MARC BYRON 48 FAIRVIEW AVE. ENGLEWOOD CLIFFS, NJ 07632	TRUSTEE 3.00	0.	0.	0.
MARK GREEN 1774 RENSSELAER RD. TEANECK, NJ 07666	GENERAL MANAGER 45.00	65,000.	0.	0.
MICHAEL KRAVITZ 320 WEST 57TH ST. NEW YORK, NY 10019	TRUSTEE 1.00	0.	0.	0.
MICHELLE OROPEZA 210 BELLE COURT NORWOOD, NJ 07648	TRUSTEE 1.00	0.	0.	0.
MICHEL BITTAN 22 NORTH VAN BRUNT ST. ENGLEWOOD, NJ 07631	TRUSTEE 1.00	0.	0.	0.
MITCHELL SACKS 2200 FLETCHER AVE. FORT LEE, NJ 07024	TRUSTEE 1.00	0.	0.	0.
ROBERT COOK 165 N. DEAN ST. ENGLEWOOD, NJ 07631	VP 5.00	0.	0.	0.
ROBERTA MATHES 555 NORTH AVE. FORT LEE, NJ 07024	DIRECTOR OF DANCE 45.00	52,000.	0.	0.
SAM MANN 350 E. PALISADE AVE ENGLEWOOD, NJ 07631	TRUSTEE 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

567,346.3,000.0.

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 8

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
TICKET SALES					2,668,576.
TICKET FEES & COMMISSIONS					225,331.
INCOME					360,058.
THEATER RENTAL INCOME					116,047.
PLAYBILL & TICKET					198,735.
ADVERTISING					70,029.
DANCE SCHOOL REVENUE					
CONCESSION STAND ACTIVITY					
TO FORM 990, PART VII, LINE 93					3,638,776.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93.A	TICKETS SALES FOR PERFORMANCES OF CULTURAL EVENTS.
93.B	RELATED INCOME FOR TICKET SALES FOR CULTURAL EVENTS.
93.C	THEATER RENTAL INCOME FOR CULTURAL EVENTS PRESENTED BY OTHER PARTIES NOT RELATED TO THE THEATER.
93.D	PLAYBILL ADVERTISING FOR PROGRAMS FOR PERFORMANCES FOR CULTURAL EVENTS.
93.E	DANCE SCHOOL REVENUE RELATING TO EDUCATIONAL PROGRAMS.

- 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).

Part II Additional (not automatic) 3-Month Extension of Time. 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 BERGEN PERFORMING ARTS CENTER, INC CORPORATION	Employer identification number 30-0194642
	Number, street, and room or suite no. If a P.O. box, see instructions. 30 NORTH VAN BRUNT STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ENGLEWOOD, NJ 07631	

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 **BERGEN PERFORMING ARTS CENTER, INC.**
Telephone No. **(201)816-8160** 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 **MAY 15, 2008**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

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
AN EXTENSION OF TIME IS 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 Balance Due. 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	\$ N/A

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 _____ Title **PRESIDENT** Date _____

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 623832 05-01-07	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)