

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2005 calendar year, or tax year beginning, 2005, and ending; B Check if applicable; C Name of organization ATLANTIC CENTER FOR THE ARTS, INC.; D Employer Identification Number 59-1998321; E Telephone number (386) 427-6975; F Accounting method; G Web site: www.atlanticcenterforthearts.org; J Organization type; K Check here; L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2, 278, 769.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for contributions (1a, 1b, 1c), program service revenue (2), membership dues (3), interest (4), dividends (5), gross rents (6a, 6b), other investment income (7), gross amount from sales of assets (8a, 8b, 8c), special events (9a, 9b), gross sales of inventory (10a, 10b), other revenue (11), total revenue (12), program services (13), management and general (14), fundraising (15), payments to affiliates (16), total expenses (17), excess of (deficit) (18), net assets at beginning (19), other changes (20), and net assets at end of year (21).

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 65,000.	0.	65,000.	0.
26 Other salaries and wages	26 462,776.	358,198.	21,040.	83,538.
27 Pension plan contributions	27 17,375.	13,409.	3,966.	0.
28 Other employee benefits	28 61,020.	40,377.	9,656.	10,987.
29 Payroll taxes	29 15,955.	9,028.	255.	6,672.
30 Professional fundraising fees	30			
31 Accounting fees	31 36,181.	17,895.	18,286.	0.
32 Legal fees	32			
33 Supplies	33 15,526.	4,237.	10,713.	576.
34 Telephone	34 18,219.	7,506.	8,371.	2,342.
35 Postage and shipping	35 15,735.	5,775.	8,301.	1,659.
36 Occupancy	36			
37 Equipment rental and maintenance	37 30,856.	0.	30,856.	0.
38 Printing and publications	38 3,127.	0.	0.	3,127.
39 Travel	39 20,415.	17,829.	2,454.	132.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 198,782.	149,503.	39,423.	9,856.
43 Other expenses not covered above (itemize)				
a <u>OPPENHEIM EXHIBIT</u>	43a 229.	229.	0.	0.
b <u>COST OF MERCHANDISE - MIR</u>	43b 2,881.	2,881.	0.	0.
c <u>PENSION PLAN EXPENSE</u>	43c 840.	0.	840.	0.
d <u>NATIONAL COUNCIL</u>	43d 2,515.	2,515.	0.	0.
e <u>VEHICLE EXPENSE</u>	43e 3,732.	1,792.	1,940.	0.
f <u>UTILITIES</u>	43f 59,706.	44,014.	15,467.	225.
g See Other Expenses Stmt	43g 760,568.	566,242.	122,041.	72,285.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 1,791,438.	1,241,430.	358,609.	191,399.

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 \$ _____

BAA

Part III Statement of Program Service Accomplishments

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 1 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) organizations and 4947(a)(1) trusts, but optional for others.)
a MASTER ARTISTS IN RESIDENCE - A PROGRAM WHEREBY ASPIRING ARTISTS IN ALL FIELDS OF THE VISUAL AND PERFORMING ARTS ARE AFFORDED THE OPPORTUNITY TO STUDY IN RESIDENCY WITH A RECOGNIZED MASTER ARTIST. (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	748,912.
b CULTURAL EXCHANGE AND OTHER - VARIOUS LOCAL AND REGIONAL PROGRAMS WHOSE AIM IS TO PROVIDE CULTURAL EDUCATION IN THE ARTS AND HUMANITIES. (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	492,518.
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 (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)	1,241,430.

Part IV Balance Sheets (See 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	30,893.	45	57,558.
	46 Savings and temporary cash investments	397,492.	46	511,932.
	47a Accounts receivable	13,546.		
	b Less allowance for doubtful accounts	0.	16,667.	47c 13,546.
	48a Pledges receivable	194,374.		
	b Less allowance for doubtful accounts	0.	252,920.	48c 194,374.
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts			51c
	52 Inventories for sale or use	37,432.	52	21,583.
	53 Prepaid expenses and deferred charges	22,309.	53	18,157.
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,305,901.	54	2,275,080.
	55a Investments – land, buildings, & equipment: basis			
	b Less accumulated depreciation (attach schedule)			55c
56 Investments – other (attach schedule)	L-56 Stmt 57,134.	56	71,903.	
57a Land, buildings, and equipment: basis	57a 8,224,338.			
b Less accumulated depreciation (attach schedule) L-57 Stmt	57b 2,705,621.	5,319,327.	57c 5,518,717.	
58 Other assets (describe ▶ See Line 58 Stmt)	29,070.	58	6,833.	
59 Total assets (must equal line 74) Add lines 45 through 58	8,469,145.	59	8,689,683.	
LIABILITIES	60 Accounts payable and accrued expenses	264,117.	60	278,100.
	61 Grants payable		61	
	62 Deferred revenue	2,500.	62	0.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
	66 Total liabilities. Add lines 60 through 65	266,617.	66	278,100.
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	5,242,184.	67	6,384,125.
	68 Temporarily restricted	448,914.	68	266,277.
	69 Permanently restricted	2,511,430.	69	1,761,181.
	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, column (B) must equal line 21)	8,202,528.	73	8,411,583.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	8,469,145.	74	8,689,683.

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Form 990 (2005)

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

a	Total revenue, gains, and other support per audited financial statements		a	1,693,394.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) -----	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	1,693,394.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) <u>SEE STATEMENT 6</u> -----	d2		294,690.
	Add lines d1 and d2		d	294,690.
e	Total revenue (Part I, line 12) Add lines c and d		e	1,988,084.

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

a	Total expenses and losses per audited financial statements		a	1,801,864.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) <u>SEE STATEMENT 6</u> -----	b4		10,426.
	Add lines b1 through b4		b	10,426.
c	Subtract line b from line a		c	1,791,438.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	1,791,438.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
<u>ANN BRADY</u> <u>511 BALL STREET</u> <u>NEW SMYRNA BEACH, FL 32168</u>	EXECUTIVE DIRECTOR 40	65,000.	3,760.	0.
<u>SEE STATEMENT 7</u> <u>1414 ART CENTER AVENUE</u> <u>NEW SMYRNA BEACH, FL 32168</u>	BOARD OF DIRECTORS 2	0.	0.	0.

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

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions)</i>		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80 a	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?	80 a	X
b	If 'Yes,' enter the name of the organization ▶ ----- ----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures (See line 81 instructions) 81 a 0.		
b	Did the organization file Form 1120-POL for this year?	81 b	X

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.)	82 b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85 c	
d Section 162(e) lobbying and political expenditures	85 d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86 a	
b Gross receipts, included on line 12, for public use of club facilities	86 b	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87 a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.	
d Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.	
90 a List the states with which a copy of this return is filed ▶ NONE		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90 b	14
91 a The books are in care of ▶ ANN BRADY Telephone number ▶ (386) 427-6975 Located at ▶ 1414 ART CENTER AVENUE, NEW SMYRNA BEACH, FLORIDA ZIP + 4 ▶ 32168		
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 ▶	91 b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91 c	<input checked="" type="checkbox"/>
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	▶ <input type="checkbox"/>	

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 UNIVERSITY OF CENTRAL FLORIDA					200,000.
b CAPS					16,720.
c ADULTS					9,135.
d ASSOCIATE APPLICATION FEES					6,945.
e RESIDENCY					66,650.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	56,134.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	58,067.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	350,515.	
101 Net income or (loss) from special events			05	179,509.	
102 Gross profit or (loss) from sales of inventory	453220	4,484.			
103 Other revenue					
a OTHER REVENUE					20,475.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		4,484.		644,225.	319,925.
105 Total (add line 104, columns (B), (D), and (E))					968,634.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	THE CENTER PROVIDES ACCESS TO IT'S EXHIBITS, DOCUMENTATION, AND LOCAL & REGIONAL PROGRAMS TO THE STATE'S UNIVERSITY SYSTEM THEREBY INCREASING THE CULTURAL EDUCATION AND INSTRUCTION OF See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions) N/A

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

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

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Please Sign Here

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

Signature of officer: Marnye Keenan Donnelly Date: 7-3-06

Type or print name and title: Marnye Keenan Donnelly - Business Manager

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 7-3-06 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): 262-55-8313

Firm's name (or yours if self-employed), address, and ZIP + 4: TSCHOPP, WHITCOMB & ORR, P.A.
2600 Maitland Center Parkway, Suite 330
Maitland FL 32751

EIN: 59-3317546 Phone no: (407) 875-2760

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under
Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2005

Name of the organization ATLANTIC CENTER FOR THE ARTS, INC.	Employer identification number 59-1998321
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶		None		

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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 instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶		None

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,072,465.	430,726.	677,904.	659,857.	2,840,952.
16 Membership fees received	0.	0.	0.	0.	0.
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	504,726.	485,536.	524,094.	251,841.	1,766,197.
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	100,712.	99,489.	111,900.	110,823.	422,924.
19 Net income from unrelated business activities not included in line 18	3,210.	0.	0.	0.	3,210.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets	0.	42,598.	35,576.	441,653.	519,827.
23 Total of lines 15 through 22	1,681,113.	1,058,349.	1,349,474.	1,464,174.	5,553,110.
24 Line 23 minus line 17	1,176,387.	572,813.	825,380.	1,212,333.	3,786,913.
25 Enter 1% of line 23	16,811.	10,583.	13,495.	14,642.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	75,738.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	26b	640,462.
	c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	3,786,913.
	d Add: Amounts from column (e) for lines		
	18 422,924.	19	3,210.
	22 519,827.	26b	640,462.
	e Public support (line 26c minus line 26d total)	26e	2,200,490.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	58.11 %

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	(2004) _____	(2003) _____	(2002) _____
	(2001) _____		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2004) _____	(2003) _____	(2002) _____
	(2001) _____		
c Add Amounts from column (e) for lines	15 _____	16 _____	
	17 _____	20 _____	21 _____
			27c _____
d Add Line 27a total _____ and line 27b total _____			27d _____
e Public support (line 27c total minus line 27d total)			27e _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)		27f	_____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	_____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	_____ %

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

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement.) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? 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?		
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		
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		

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

N/A

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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table --			
If the amount on line 40 is --	The lobbying nontaxable amount is --		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720			

4 -Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

Additional Information

FORM 990, PAGE 3, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE AND PROMOTE ART AND HUMANITIES IN ALL THEIR FORMS,
INCLUDING THE VISUAL AND PERFORMING ARTS AND CULTURAL EDUCATION
THROUGH INSTRUCTION.

Name ATLANTIC CENTER FOR THE ARTS, INC.	Employer Identification Number 59-1998321
--	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	181,638.	Cost	136,239.
		Selling Expenses	0.
		Basis	136,239.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
Total Securities			181,638.	136,239.
Gain or (Loss) from Sale of Securities				45,399.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
<u>SUNDANCE ROAD LAND</u>				Cost	126,075.
-----				Depreciation	0.
	01/01/98	09/01/05		Basis	126,075.
	BOUGHT	PRIVATE BUYER	431,191.	Donation FMV	
-----				Cost	
-----				Depreciation	
-----				Basis	
-----				Donation FMV	
-----				Cost	
-----				Depreciation	
-----				Basis	
-----				Donation FMV	
Total Other Assets			431,191.		126,075.
Gain or (Loss) from Sale of Other Assets					305,116.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MAINTENANCE & REPAIRS	69,020.	40,692.	28,328.	0.
CAPS PROGRAM	22,512.	22,512.	0.	0.
RESIDENCY COSTS	8,975.	8,975.	0.	0.
MASTER ARTIST HONORARIUM	108,500.	108,500.	0.	0.
MEALS	39,928.	15,696.	4,599.	19,633.
PROMOTION & PUBLIC RELATIONS	51,219.	33,422.	5,378.	12,419.
DUES & SUBSCRIPTIONS	8,305.	76.	7,099.	1,130.
SELECT ART STUDENTS EXPENSE	1,391.	1,391.	0.	0.
INTERN EXPENSE	575.	575.	0.	0.
JACK MITCHELL ICONS & IDOLS	3,920.	3,920.	0.	0.
ADULT PROGRAM EXPENSE	9,451.	9,451.	0.	0.
COMMUNITY PROGRAMS	2,573.	2,573.	0.	0.
HOUSEKEEPING	13,480.	9,858.	3,622.	0.
HARRIS HOUSE EXHIBIT	2,024.	2,024.	0.	0.
SCHOLARSHIP EXPENSE	1,975.	1,975.	0.	0.
BANK FEES	12.	12.	0.	0.
BOARD EXPENSES	700.	0.	700.	0.
INSURANCE	96,049.	66,656.	28,567.	826.
LICENSES & TAXES	50.	0.	0.	50.
MISCELLANEOUS TAXES	32,309.	0.	32,309.	0.
BAD DEBT EXPENSE	10,000.	0.	10,000.	0.
COMMISSION EXPENSE	433.	0.	433.	0.
GIFT SHOP COMMISSIONS	307.	0.	307.	0.
GIFT SHOP EXPENSE	99.	0.	99.	0.
VOLUNTEER EXPENSES	2,000.	1,400.	600.	0.
HURRICANE DAMAGES	65,228.	65,228.	0.	0.
SPECIAL EVENT COSTS	208,656.	171,306.	0.	37,350.
EMPLOYEE TRAINING	877.	0.	0.	877.
Total	760,568.	566,242.	122,041.	72,285.

Form 990, Page 8, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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).
93b, c	STUDENTS AND FACULTY. PARTICIPANTS IN LOCAL AND REGIONAL PROGRAMS INCLUDING THE CHILDRENS' ART PROGRAM (CAP) AND INSTRUCTIONAL ART WORKSHOPS PAY A NOMINAL FEE TO PARTICIPATE.
93d, e	ASSOCIATE ARTISTS PAY A NOMINAL FEE TO PARTICIPATE IN ON-SITE RESIDENCIES.

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
HORSIN' AROUND	216,284.	18,830.	197,454.	17,945.	179,509.
BENAR VENET	95,000.	95,000.	0.	0.	0.
OPERA PROJECT	17,030.	17,030.	0.	0.	0.
OTHER SPECIAL EVENTS	46,863.	46,863.	0.	0.	0.
Total	<u>375,177.</u>	<u>177,723.</u>	<u>197,454.</u>	<u>17,945.</u>	<u>179,509.</u>

Form 990, Page 4, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
COMMON STOCKS	1,711,172.	1,715,908.
CORPORATE BONDS	506,666.	280,978.
U.S. TREASURY NOTES	53,278.	0.
GOVERNMENT AGENCY BONDS	4,240.	0.
MUTUAL FUND BONDS	30,545.	278,194.
Total	<u>2,305,901.</u>	<u>2,275,080.</u>

Form 990, Page 4, Part IV, Line 56

Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
INTEREST IN NET ASSETS OF IMAGES: A FESTIVAL OF THE ARTS, INC.	57,134.	71,903.
Total	<u>57,134.</u>	<u>71,903.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND AND LAND IMPROVEMENTS	990,678.	0.	990,678.
BUILDINGS AND BUILDING IMPROVEMENTS	5,388,142.		5,388,142.
FURNITURE, FIXTURES & EQUIPMENT	423,271.		423,271.
VEHICLES	26,112.		26,112.
ARTWORK	343,100.		343,100.
CONSTRUCTION IN PROCESS	1,053,035.	0.	1,053,035.
ACCUMULATED DEPRECIATION	0.	2,705,621.	-2,705,621.
Total	<u>8,224,338.</u>	<u>2,705,621.</u>	<u>5,518,717.</u>

Statement 4

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
DEPOSITS	1,340.	1,340.
INSURANCE RECEIVABLE	27,730.	0.
LINEN INVENTORY	0.	5,493.
Total	<u>29,070.</u>	<u>6,833.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	-2,360.
INCREASE IN NET ASSETS OF IMAGES: A FESTIVAL OF THE ARTS, INC.	14,769.
Total	<u>12,409.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line d(2)

Description	Amount
COST OF GOODS SOLD - GIFT SHOP	-10,426.
GAIN ON SALE OF PROPERTY	305,116.
Total	<u>294,690.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
COST OF GOODS SOLD - GIFT SHOP	10,426.
Total	<u>10,426.</u>

Atlantic Center for the Arts, Inc. 2005
Board of Trustees

Blum, Bradley D.	Trustee
Borland, Charlotte	Trustee
Brewer, Mona	Trustee
English, Peggy	Trustee
Everbach, Charlotte B.	Trustee
Frey, Marcia	Trustee
Harris, Edward N.	Trustee
Kolodinsky, Rick	Trustee
Kosmas, Suzanne M.	Trustee
Lassiter, Beverly P.	Trustee
Leerdam, A.C.	Trustee
Massey, Van	Trustee
McCorkle, Andrew	Trustee
Pabst Margery	Trustee
Powell, Dr. Hiram	Trustee
Preston, William	Trustee
Pugh, Jr., James H.	Trustee
Seidel, Dr. Kathryn	Trustee
Smith, Kyle J.	Trustee
Tallent, William A., CPA	Trustee
Taub, David S.	Trustee
Thompson, Roger	Trustee
Mitchell, Jack	Natinal Council Liaison
Bell III, Samuel P.	Life Trustee
Hubbard, Frank	Life Trustee
Lee, Dr. H. Douglas	Life Trustee
May, Phyllis	Life Trustee
Roberson, Helene B	Life Trustee
Urban, Mary Jane	Life Trustee

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

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

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

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

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

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

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	ATLANTIC CENTER FOR THE ARTS, INC.	59-1998321
	Number, street, and room or suite number If a P O box, see instructions 1414 ART CENTER AVE.	
	City, town or post office For a foreign address, see instructions. NEW SMYRNA BEACH	state ZIP code FL 32168

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ ANN BRADY -----

Telephone No. ▶ (386) 427-6975 ----- FAX No. ▶ -----

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Aug 15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 05 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____ 0.

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.