



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Amended

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

NO STATUTE ISSUE

For the 2005 calendar year, or tax year beginning **2005**, and ending **2005**, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.	D Employer identification number 34-1323220
	Number and street (or P O box if mail is not delivered to street address) Room/suite 614 W. SUPERIOR AVE. #680	E Telephone number (216) 344-3937
	City or town, state or country, and ZIP + 4 CLEVELAND, OH 44113-1306	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	Please use IRS label or print or type See Specific Instructions	

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

H and I are not applicable to section 527 organizations

G Website: **N/A**

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

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

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

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **341,213.**

I Group Exemption Number

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

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

SCANNED JUN 10 2011

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a		97,500.	
	b Indirect public support	1b			
	c Government contributions (grants)	1c		25,000.	
	d Total (add lines 1a through 1c) (cash \$ <u>122,500.</u> noncash \$ <u>STATUTE UNIT RECEIVED</u>)	1d			122,500.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			82,790.
	3 Membership dues and assessments	3			20,500.
	4 Interest on savings and temporary cash investments	4			2,248.
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ACCOUNTS MANAGEMENT OGDEN)	7				
	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b Less cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a) STMT. 1	9a		109,130.	
	b Less direct expenses other than fundraising expenses	9b		55,058.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			54,072.
	10a Gross sales of inventory, less returns and allowances	10a			
b Less cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11			4,045.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			286,155.	
Expenses	13 Program services (from line 44, column (B))	13			193,195.
	14 Management and general (from line 44, column (C))	14			8,990.
	15 Fundraising (from line 44, column (D))	15			13,662.
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			215,847.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			70,308.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			320,495.
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			390,803.

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

Form 990 (2005)

JSA 5E1010 2 000

6115

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	54,763.	50,145.	1,879.
26 Other salaries and wages	26	15,881.	14,542.	545.
27 Pension plan contributions	27	NONE		
28 Other employee benefits	28	7,888.	7,224.	271.
29 Payroll taxes	29	5,983.	5,478.	205.
30 Professional fundraising fees	30			
31 Accounting fees	31	18,336.	17,508.	828.
32 Legal fees	32	10,004.	9,552.	452.
33 Supplies	33	4,189.	3,980.	209.
34 Telephone	34			
35 Postage and shipping	35	1,530.	1,300.	77.
36 Occupancy	36	5,680.	4,828.	284.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40	3,229.	2,745.	161.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	480.	446.	12.
43 Other expenses not covered above (itemize)				
a CONSULTANTS	43a	59,575.	47,833.	3,584.
b DISTRICT SERVICES	43b	8,591.	8,591.	
c MISCELLANEOUS	43c	7,102.	6,894.	208.
d MARKETING & PROMOTIONS	43d	6,153.	6,153.	
e INSURANCE	43e	3,349.	3,180.	169.
f DUES & SUBSCRIPTIONS	43f	2,120.	1,802.	106.
g EASEMENT EXPENSE	43g	994.	994.	
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	215,847.	193,195.	8,990.

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

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

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

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

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

<p>What is the organization's primary exempt purpose? SEE STATEMENT 2</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p>a <u>TO ENCOURAGE THE PRESERVATION AND REVITALIZATION OF CLEVELAND'S WAREHOUSE DISTRICT WITH DEVELOPMENT OF A VIABLE RESIDENTIAL, COMMERCIAL, AND RETAIL COMMUNITY.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>193,195.</p>
<p>b</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	<p>193,195.</p>

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	205,157.	45	227,371.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	149,911.		
	b Less allowance for doubtful accounts		71,798.	149,911.
	48a Pledges receivable			
	b Less allowance for doubtful accounts			
	49 Grants receivable	40,000.	49	20,000.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)			
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	24,029.			
b Less accumulated depreciation (attach schedule)	23,856.	653.	173.	
58 Other assets (describe <input type="checkbox"/> STMT 3)	8,000.	58	8,000.	
59 Total assets (must equal line 74) Add lines 45 through 58	325,608.	59	405,455.	
Liabilities	60 Accounts payable and accrued expenses	5,113.	60	14,652.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	5,113.	66	14,652.	
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	280,495.	67	313,861.
	68 Temporarily restricted	40,000.	68	76,942.
	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, column (B) must equal line 21)	320,495.	73	390,803.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	325,608.	74	405,455.

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?	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).		
82 b	18,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
85 a	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		
85 b	N/A		
c	Dues, assessments, and similar amounts from members		
85 c	N/A		
d	Section 162(e) lobbying and political expenditures		
85 d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 g	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?		
85 h	N/A		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86 a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86 b	N/A		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
87 a	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)		
87 b	N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	X	
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911		
	NONE, section 4912		
	NONE, section 4955		
	NONE		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89 b			X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
			NONE
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
			NONE
90 a	List the states with which a copy of this return is filed		
	OH,		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		
90 b	3		
91 a	The books are in care of		
	THOMAS YABLONSKY Telephone no		
	(216) 344-3937		
	Located at		
	614 W. SUPERIOR AVE. #680 CLEVELAND, OH ZIP + 4		
	44113-1306		
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)?		
91 b			X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		
91 c			X
	If "Yes," enter the name of the foreign country		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		
	and enter the amount of tax-exempt interest received or accrued during the tax year		
	92		N/A

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 EASEMENT MAINT.					66,050.
b SECURITY PROGRAM					16,740.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					20,500.
95 Interest on savings and temporary cash investments			14	2,248.	
96 Dividends and interest from securities					
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					54,072.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b HIST. PRES. CONSUL					3,085.
c MISCELLANEOUS REV.					960.
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,248.	161,407.
105 Total (add line 104, columns (B), (D), and (E))					163,655.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	STMT 12

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
STMT 13	%		-15,319.	680,564.
	%			
	%			
	%			

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)

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: Thomas J. Yablonsky Date: 5/25/11

Type or print name and title: Thomas J. Yablonsky

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 5/25/11 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM McGladrey Inc, 100 Lakeside Avenue Suite 1400, Cleveland, Ohio 44114 Preparer's SSN or PTIN (See Gen. Inst. W): 41-1944416

EIN: 41-1944416 Phone no: 216-523-1900

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

HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.

Employer identification number

34-1323220

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

Total number of others receiving over \$50,000 for professional services . . . ▶ NONE

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2005

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities and other organizational actions.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

- 5 [] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [] A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7 [] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 [] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a [X] 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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Header: Provide the following information about the supported organizations (See page 6 of the instructions)

- 14 [] An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

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

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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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 page 9 of the instructions.)

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

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

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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 nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

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

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

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

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DISTRICT FESTIVAL	37,275.	35,875.	1,400.
HATS OFF TO THE DISTRICT	5,975.	3,186.	2,789.
I LOVE DOWNTOWN	4,490.	5,150.	-660.
HOLIDAY TOUR	26,410.	4,663.	21,747.
ARTS & CULTURAL FESTIVAL	20,365.	NONE	20,365.
HISTOR. DOWNTOWN CLEV LUNCHEON	14,615.	6,184.	8,431.
TOTALS	109,130.	55,058.	54,072.

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

THE HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORPORATION STRIVES TO STIMULATE, COORDINATE AND STRENGTHEN SUCCESSFUL, QUALITY REINVESTMENT IN THE DISTRICT. ITS GOAL IS TO CREATE AND SUSTAIN AN EXEMPLARY RESIDENTIAL, COMMERCIAL AND RETAIL NEIGHBORHOOD IN THE HEART OF THE CITY THROUGH ACTIVE AND COMMITTED PARTNERSHIP WITH NEIGHBORHOOD, BUSINESS, CIVIC AND GOVERNMENT LEADERS.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
NOTE RECEIVABLE	7,500.	7,500.
INVESTMENT IN SUBSIDIARY	500.	500.
TOTALS	8,000.	8,000.

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES BEHRENS 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
WILLIS BOYER 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
TOM BRENNER 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
LEE CHILCOTE 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
MARGE CONFORTO 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
JOHN COYNE 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
WILLIAM GOULD	TRUSTEE 1+	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
DAVID HARTT 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
DAVID LEHMER 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
MICHAEL MILLER 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
CARL MONDAY 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
TRACY ANN JANUSKA 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
RICH KAPLAN 614 W. SUPERIOR AVE. #680	TRUSTEE 1+	NONE	NONE	NONE

HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CLEVELAND, OH 44113-1306				
RICHARD PARKER 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
JONATHAN SANDVICK 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	CHAIR 1+	NONE	NONE	NONE
RICHARD SHEEHAN 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
MARTIN ELSON 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
JOHN FALSONE 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
SHELDON LEWIN 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TREASURER 1+	NONE	NONE	NONE

HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ADELBERT MAROUS, JR. 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
ROBERT RAINS 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
ANTHONY YANNUCCI 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
JOHN ZAYAC 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	2ND VICE-PRESIDENT 1+	NONE	NONE	NONE
DAVID WAGNER 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
THOMAS YABLONSKY 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	EXEC. DIRECTOR 40	54,763.	NONE	NONE
VICTOR PASCUCCI	1ST VICE-PRESIDENT 1+	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306				
MARIBETH FEKE 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	SECRETARY 1+	NONE	NONE	NONE
DENISE FUGO 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
GUS GEORGALIS 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
SAM LINDSLEY 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
ROBERT SAWITZKE 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
GINA SCHATZ 614 W. SUPERIOR AVE. #680	TRUSTEE 1+	NONE	NONE	NONE

HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CLEVELAND, OH 44113-1306				
DR. MARYANN SCHNEIDER 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
PAUL SHAIK 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
LAUREL WARNKE-TAYLOR 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE
TED SAHLEY, JR. 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	TRUSTEE 1+	NONE	NONE	NONE

GRAND TOTALS

54,763.
NONE

34-1323220

HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HISTORIC GATEWAY NEIGHBORHOOD CORP 34-1647831 THOMAS YABLONSKY 614 W. SUPERIOR AVE. #680 CLEVELAND, OH 44113-1306	54,764.	NONE	NONE
GRAND TOTALS	54,764.	NONE	NONE

HISTORIC GATEWAY NEIGHBORHOOD CORP
 34-1647831
 THOMAS YABLONSKY
 614 W. SUPERIOR AVE.
 #680
 CLEVELAND, OH 44113-1306

GRAND TOTALS

54,764.

NONE

NONE

54,764.

NONE

NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
=====

RELATED ORGANIZATION NAME: HISTORIC WAREHOUSE DISTRICT NEIGHBOR-

EXEMPT: NONEXEMPT:

RELATED ORGANIZATION NAME: HOOD DEVELOPMENT CORP.

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: HISTORIC GATEWAY NEIGHBORHOOD CORP.

EXEMPT: X NONEXEMPT:

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	REVENUES RECEIVED FROM PROPERTY OWNERS WHO HAVE HISTORIC EASEMENTS TO PERFORM REQUIRED MAINTENANCE
93B	REVENUES RECEIVED FROM DISTRICT RESIDENTS/PROPERTY OWNERS TO PROVIDE DISTRICT SECURITY DURING HIGH CRIME HOURS
94	DUES ARE COLLECTED IN ORDER FOR THE CORPORATION TO CONTINUE PRESERVATION AND REVITALIZATION EFFORTS OF CLEVELAND'S WAREHOUSE DISTRICT
101	NET INCOME FROM SPECIAL EVENTS DESIGNED TO SUPPORT AND PROMOTE PRESERVATION AND REVITALIZATION OF CLEVELAND'S WAREHOUSE DISTRICT
103B	REVENUES RECEIVED FOR HISTORIC PRESERVATION CONSULTING
103C	MISCELLANEOUS REVENUE EARNED IN THE COURSE OF CARRYING OUT THE ORGANIZATION'S EXEMPT PURPOSES OF HISTORIC PRESERVATION AND COMMUNITY REVITALIZATION

HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
HISTORIC WAREHOUSE DISTRICT NEIGHBORHOOD DEVELOPMENT CORP. CLEVELAND, OH 34-1772834	100.000000	REAL EST DEV	-15,319.	680,564.

TOTAL INCOME

-15,319.

680,564.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2004	2003	2002	2001	TOTAL
OTHER INCOME	30,223.	13,425.	8,851.	20,175.	72,674.
TOTALS	30,223.	13,425.	8,851.	20,175.	72,674.

AS ORIGINALLY FILED

482252 EA

Form 8868

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545-1709

(Rev December 2004)

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 [X]
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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

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

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

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

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

Name of Exempt Organization: HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.
Employer identification number: 34-1323220
Number, street, and room or suite no. If a P.O. box, see instructions: 614 W. SUPERIOR AVE. 680
City, town or post office, state, and ZIP code For a foreign address, see instructions: CLEVELAND, OH 44113-1306

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

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

The books are in the care of THOMAS YABLONSKY

Telephone No 216 344-3937 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 08/15, 2006 to file the exempt organization return for the organization named above The extension is for the organization's return for [X] calendar year 2005 or [] tax year beginning and ending

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 12-2004)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

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 - Must File Original and One Copy.

Type or print	Name of Exempt Organization HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.	Employer Identification number 34-1323220
	Number, street, and room or suite no. If a P.O. box, see instructions. 614 W. SUPERIOR AVE.	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. CLEVELAND, OH 44113-1306	

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

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 **THOMAS YABLONSKY**

Telephone No. **216 344-3937**

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 **11/15/2006**

5 For calendar year **2005**, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension **THE CORPORATION REQUESTS ADDITIONAL TIME TO**

OBTAIN THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See Instructions \$ _____

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 \$ _____

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 \$ _____

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 Laurence M. Husel Title _____ Date **AUG 15 2006**

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 _____

EXTENSION APPROVED
AUG 16 2006
DIRECTOR
SUBMISSION PROCESSING CENTER

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

Type or print	Name Laurence M. Husel
	Number and street (include suite, room, or apt no.) or a P O box number 1001 LAKESIDE AVE., SUITE 1400
	City or town, province or state, and country (including postal or ZIP code) CLEVELAND, OH 44114-1152