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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 09-01-2006 and ending 08-31-2007

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CHICAGO THEATRE GROUP INC
(dba Goodman Theatre)

Number and street (or P O box if mail is not delivered to street address) | Room/suite
170 N Dearborn

City or town, state or country, and ZIP + 4
Chicago, IL 60601

D Employer identification number
36-2896025

E Telephone number
(312) 443-5589

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

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

G Web site: ▶ Goodmantheatre org

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 17,915,616

H *and* **I** *are not applicable to section 527 organizations*

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

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

H(c) Are all affiliates included? ☐ Yes ☐ No
(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

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.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a	0		
	b	Direct public support (not included on line 1a)	1b	7,701,796		
	c	Indirect public support (not included on line 1a)	1c	0		
	d	Government contributions (grants) (not included on line 1a)	1d	233,328		
	e	**Total** (add lines 1a through 1d) (cash $ 7,866,501 noncash $ 68,623)			1e	7,935,124
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	7,898,933
	3	Membership dues and assessments			3	0
	4	Interest on savings and temporary cash investments			4	523,929
	5	Dividends and interest from securities			5	1,005,208
	6a	Gross rents	6a	0		
	b	Less rental expenses	6b	0		
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	0
	7	Other investment income (describe ▶)			7	0
	8a	Gross amount from sales of assets other than inventory — (A) Securities: 0	8a	(B) Other: 0		
	b	Less cost or other basis and sales expenses	8b	0		
	c	Gain or (loss) (attach schedule)	8c	0		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	0
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a	0		
	b	Less direct expenses other than fundraising expenses	9b	0		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	0
	10a	Gross sales of inventory, less returns and allowances	10a	335,942		
	b	Less cost of goods sold	10b	220,382		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	115,560
	11	Other revenue (from Part VII, line 103)			11	216,480
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	17,695,234
Expenses	13	Program services (from line 44, column (B))			13	14,558,158
	14	Management and general (from line 44, column (C))			14	2,599,719
	15	Fundraising (from line 44, column (D))			15	2,084,529
	16	Payments to affiliates (attach schedule)			16	0
	17	**Total expenses** Add lines 16 and 44, column (A)			17	19,242,406
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	-1,547,172
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	51,269,226
	20	Other changes in net assets or fund balances (attach explanation)			20	2,024,032
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	51,746,086

Part II Statement of Functional Expenses

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

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22a	0	0		
22b	Other grants and allocations (attach schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22b	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0	0		
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	0	0	0	0
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	0	0	0	0
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b and c	26	7,644,614	5,451,701	1,505,528	687,385
27	Pension plan contributions not included on lines 25a, b and c	27	299,036	173,088	92,494	33,454
28	Employee benefits not included on lines 25a - 27	28	908,187	730,777	113,108	64,302
29	Payroll taxes	29	505,869	368,534	87,825	49,510
30	Professional fundraising fees	30	0	0	0	0
31	Accounting fees	31	31,700	0	31,700	0
32	Legal fees	32	54,998	0	54,998	0
33	Supplies	33	452,961	250,506	57,047	145,408
34	Telephone	34	0	0	0	0
35	Postage and shipping	35	170,471	109,763	12,781	47,927
36	Occupancy	36	156,370	156,370	0	0
37	Equipment rental and maintenance	37	144,096	119,680	20,346	4,070
38	Printing and publications	38	107,657	0	0	107,657
39	Travel	39	0	0	0	0
40	Conferences, conventions, and meetings . .	40	0	0	0	0
41	Interest	41	0	0	0	0
42	Depreciation, depletion, etc (attach schedule)	42	1,485,806	1,485,806	0	0
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	19,242,406	14,558,158	2,599,719	2,084,529

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

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

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

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

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

What is the organization's primary exempt purpose? ▶ Provides live theater which plays a role in the eductional, social and economic development of a community Theater develops cognitive skills, emotional growth and moral awareness, particulary in your people Serving students through a range of comprehensive educational programs

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a Theater Programs, General/Other Created in conjunction with the Association for Wpoman Journlists (AWJ), the Yound Critics Circle (YCC) is based on a need in the community to build a cadre of female theater critics Students are chosen based on their applications, which include a personal statement/writing sample YCC is open to all high school junior girls Each student is assigned a professional jounalist from the AWJ as a mentor (18 Students)

(Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐ 143,717

b Theater Programs, General/Other Goodmans Student Subscription Series (SSS)has served as a national model for arts education for the past 23 years Offered completely ree to participating schools, the SSS has provided the foundation for lifelong appreciation of theater to thousands of Chicago public high school studens Working with teachers throughout the year to design specific lesson plans and focused classroom integration, the SSS not only gives students a rich theater-going experience, but also aids in the development of critical thinking and communication skills and sparks curiosity and enthusiasm for learning The program serves 2,800 studends at 41 schools each year (8560 Students)

(Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐ 12,919,441

c Theater Programs, General/Other The General Theater Studies Program targets high school students who are interested in a more in-depth theater experience with the Goodman than they would get through school programs The intent is not serve just drama students and stars of school plays rather, the Goodman strives to reach a demographic that has a natural curiosity about theater and a solid track record as engaged and active learners The program connects with middle-achievers an overlooked group of students who have historically not received individual attention, nor had programs developed to target their specific needs and interests - to inspire and encourage them to realize their full potential The program indroduces participants to the joy of collaborative artistry, with emphasis on the fundamentals of writing and artistic teambuilding (180 Students)

(Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐ 1,495,000

d _____

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶ 14,558,158

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		5,700	45	5,700
	46	Savings and temporary cash investments		4,234,855	46	1,731,796
	47a	Accounts receivable	69,511			
	b	Less allowance for doubtful accounts	0	65,152	47c	69,511
	48a	Pledges receivable	1,958,805			
	b	Less allowance for doubtful accounts	450,000	1,177,916	48c	1,508,805
	49	Grants receivable		0	49	0
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		0	50b	0
	51a	Other notes and loans receivable (attach schedule)	0			
	b	Less allowance for doubtful accounts	0	0	51c	0
	52	Inventories for sale or use		0	52	0
	53	Prepaid expenses and deferred charges		1,946,747	53	1,582,100
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV		33,417,656	54a	37,679,974
	b	Investments—other securities (attach schedule) ▶ ☑ Cost ☐ FMV		0	54b	0
	55a	Investments—land, buildings, and equipment basis	0			
	b	Less accumulated depreciation (attach schedule)	0	0	55c	0
	56	Investments—other (attach schedule)		450,728	56	0
	57a	Land, buildings, and equipment basis	50,808,955			
	b	Less accumulated depreciation (attach schedule)	10,501,003	38,976,866	57c	40,307,952
	58	Other assets, including program-related investments (describe ▶ _____)		88,500	58	88,500
	59	**Total assets** (must equal line 74) Add lines 45 through 58		80,364,120	59	82,974,338
Liabilities	60	Accounts payable and accrued expenses		907,585	60	896,183
	61	Grants payable		0	61	0
	62	Deferred revenue		4,087,309	62	3,773,001
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64a	Tax-exempt bond liabilities (attach schedule)		24,100,000	64a	26,559,068
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe ▶ _____)		0	65	0
	66	**Total liabilities** Add lines 60 through 65		29,094,894	66	31,228,252
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☑ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		44,347,625	67	44,460,186
	68	Temporarily restricted		5,977,938	68	6,342,237
	69	Permanently restricted		943,663	69	943,663
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		51,269,226	73	51,746,086
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		80,364,120	74	82,974,338

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

a	Total revenue, gains, and other support per audited financial statements			**a**	17,695,234
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**	0		
2	Donated services and use of facilities	**b2**	0		
3	Recoveries of prior year grants	**b3**	0		
4	Other (specify) _____	**b4**			
	Add lines **b1** through **b4**			**b**	0
c	Subtract line **b** from line **a**			**c**	17,695,234
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**	0		
2	Other (specify) _____	**d2**			
	Add lines **d1** and **d2**			**d**	0
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			**e**	17,695,234

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

a	Total expenses and losses per audited financial statements			**a**	19,242,406
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**	0		
2	Prior year adjustments reported on Part I, line 20	**b2**	0		
3	Losses reported on Part I, line 20	**b3**	0		
4	Other (specify) _____	**b4**	0		
	Add lines **b1** through **b4**			**b**	0
c	Subtract line **b** from line **a**			**c**	19,242,406
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**	0		
2	Other (specify) _____	**d2**	0		
	Add lines **d1** and **d2**			**d**	0
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			**e**	19,242,406

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

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

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

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . ▶ 78			
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) .	**75b**		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . ▶	**75c**		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . .	**77**		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . .	**78a**	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**	Yes	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**		No
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) . . . **81a** 0			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*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) 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	89b		No
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			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No

90a List the states with which a copy of this return is filed ▶ IL

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) **90b** 200

91a The books are in care of ▶ Goodman Theatre Telephone no ▶ (312) 443-3811

Located at ▶ 170 N Dearborn Chicago, IL ZIP + 4 ▶ 606013205

			Yes	No
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)?	91b		No

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

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶

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

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)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	Royalty Income		0	15	51,016	0
b	Admission Income	711110	7,847,917		0	0
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments . . .					
95	Interest on savings and temporary cash investments	711110	523,929		0	0
96	Dividends and interest from securities . . .	711110	1,005,208		0	0
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non 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 . .					
102	Gross profit or (loss) from sales of inventory		0	5	115,560	0
103	Other revenue a Co-Production Fee	711110	140,000		0	0
b	Sales/Rental Sets, Costumes & Props		0	16	36,643	0
c	Miscellaneous	711110	39,837		0	0
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .		9,556,891		203,219	0
105	**Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					9,760,110

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

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

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . ☐ Yes ☑ No

NOTE: *If "Yes" to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions).*

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

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

Please Sign Here

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

Signature of officer — Date: 2008-07-08

Peter Calibraro Associate General Ma
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date

Firm's name (or yours if self-employed), address, and ZIP + 4

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490191000208

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization
CHICAGO THEATRE GROUP INC
(dba Goodman Theatre)

Employer identification number
36-2896025

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Dorlisa Martin 170 N Dearborn Chicago,IL 60601	Development Director 40	135,000	12,872	0
Steve Scott 170 N Dearborn Chicago,IL 60601	Associate Producer 40	110,000	15,050	0
Lori Kleinerman 170 N Dearborn Chicago,IL 60601	Director of Maketing 40	135,000	16,210	0
Katherine Murphy 170 N Dearborn Chicago,IL 60601	General Manager 40	200,000	0	6,925
Peter Calibraro 170 N Dearborn Chicago,IL 60601	Finance Director 40	115,000	15,739	0
Total number of other employees paid over $50,000 ▶	24			

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
Campbell Company 1 E Wacker Drive Chicago,IL 60601	Fundraising Consultants	67,431
Paul Weiss Rifkin Wharton Garrison 1285 Avenue of the Americas New York,NY 10019	Legal Counsel	62,194
Total number of others receiving over $50,000 for professional services ▶	0	

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Chuck Smith 170 N Dearborn Chicago,IL 60601	Director	53,250
Mary Zinnernab 170 N Dearborn Chicago,IL 60601	Director	58,712
Frank Galati 170 N Dearborn Chicago,IL 60601	Director	60,467
Total number of other contractors receiving over $50,000 for other services ▶	0	

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶$ 0 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		No
	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			
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 property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		No
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

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

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

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

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	5,877,542	7,312,356	6,494,471	7,363,582	27,047,951
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	8,149,530	8,059,275	726,081	78,468	17,013,354
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	2,031,647	3,377,507	3,870,874	3,552,504	12,832,532
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
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	0	0	0	0
23 Total of lines 15 through 22	16,058,719	18,749,138	11,091,426	10,994,554	56,893,837
24 Line 23 minus line 17	7,909,189	10,689,863	10,365,345	10,916,086	39,880,483
25 Enter 1% of line 23	160,587	187,491	110,914	109,946	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 797,610

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 0

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 39,880,483

d Add Amounts from column (e) for lines 18 12,832,532 19 0 22 26b 0 ▶ **26d** 12,832,532

e Public support (line 26c minus line 26d total) ▶ **26e** 27,047,951

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 67 82 %

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2005) _____ (2004) _____ (2003) _____ (2002) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2005) _____ (2004) _____ (2003) _____ (2002) _____

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 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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

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 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(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**
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Additional Data

Software ID: 06000173
Software Version: v1.00
EIN: 36-2896025
Name: CHICAGO THEATRE GROUP INC
(dba Goodman Theatre)

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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
a Fees	**43a**	932,595	762,251	53,610	116,734
b Advertising	**43b**	2,243,064	2,243,064	0	0
c Electrics	**43c**	26,456	26,456	0	0
d Security Service	**43d**	81,657	66,958	12,249	2,450
e Misc	**43e**	251,561	22,485	138,364	90,712
f Fundraising Events	**43f**	688,602	0	0	688,602
g Royalities	**43g**	337,504	337,504	0	0
h Transportation & Housing	**43h**	481,383	381,408	78,272	21,703
i Utilities	**43i**	317,421	266,116	42,754	8,551
j Costumes	**43j**	183,950	183,950	0	0
k Props & Scenery	**43k**	546,726	546,726	0	0
l Insurance	**43l**	122,630	0	122,630	0
m Debt Service	**43m**	1,067,092	875,015	176,013	16,064

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Kurzman Michael 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Leavenworth Elaine 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Losacco Eva 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Mason Peter 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Lauter McDougal Nancy 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
McKittrick Carolyn 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Oates James 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Padilla Louis 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Pixler Cherie 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Ramis Harold 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Richards William 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Schulfer Roche 170 N Dearborn Chicago,IL 60601	Executive Director 40	320,123	37,882	41,323
Sheahan Patrick 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Silverstein Michael 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Lavin Sheldon 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Lewis James 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
Manilow Lewis 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Maurer Thomas 170 N Dearborn Chicago,IL 60601	Treasurer 0	0	0	0
McKinnon James 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Mora Antonia 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
O'Brien Ann 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Patelski Johnathan 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Prins Carolyn 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Rapoport Alice 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
Sabl Alice 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Sergi Vincent 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Sierra Rodrigo 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Simon Cindi 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
Smart Jill 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Stone Carole 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Terry Rebecca 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Toops Linda 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Toth Terrence 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Taxler Steve 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Weil Dia 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Weisberg Robert 170 N Dearborn Chicago,IL 60601	President 0	0	0	0
White Randall 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Wislow Susan 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
WoodPrince Patrick 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Wynne Maria 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Zeffren Eugene 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
Zucker Neil 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Aichele Thomas 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
AndersonSchewe Kristin 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
Annable James 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Apatoff Robert 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Barrat Sherry 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Bricker Deborah 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Bynoe Peter 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Calabrese Joe 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ChoeJohnathan 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Clement Philip 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Coney Lester 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Danis Julie 170 N Dearborn Chicago,IL 60601	Secretary 0	0	0	0
Dennehy Brian 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Denvir Robert 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Dreimann Leon 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
Dykstra Paul 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Falls Robert 170 N Dearborn Chicago,IL 60601	Artistic Director 40	340,000	35,737	7,025
Gakati Frank 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Gillis Ruth Ann 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Goodman Albert 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Gray Laurence 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Green Keith 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Harczak Harry 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Hindman Leslie 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
Hood Vicki 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
Hutson Linda 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
Khosla Sanjay 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Bechily Naria 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Change Lamont 170 N Dearborn Chicago,IL 60601	Vice President 0	0	0	0
Cox Patricia 170 N Dearborn Chicago,IL 60601	Vice Chairman 0	0	0	0
Donnelley Shawn 170 N Dearborn Chicago,IL 60601	Chairman 0	0	0	0
Freehling Stanley 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Gorno May Louise 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Healy Sondra 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Ibach Shelly 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0
Singer Beth 170 N Dearborn Chicago,IL 60601	Director 0	0	0	0

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TY 2006 Depreciation and Depletion Schedule

Name: CHICAGO THEATRE GROUP INC
(dba Goodman Theatre)
EIN: 36-2896025
Software ID: 06000173
Software Version: v1.00

Asset	Amount
Vehicles	874
Ofc Equip	114,016
Theatre Impr	149,671
Fac Equip	21,347
Prod Equip	129,780
Bldg Repairs	7,360
Scene Shop	0
Theatre Bldg	1,062,758

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TY 2006 Land etc. Schedule

Name: CHICAGO THEATRE GROUP INC
(dba Goodman Theatre)
EIN: 36-2896025
Software ID: 06000173
Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Office Equipment	827,849	333,449	494,400
Production Equipment	1,142,023	814,715	327,308
Building Repairs	89,566	76,098	13,468
Facility Equipment	1,742,019	1,583,484	158,535
Scene Shop	2,563,840	0	2,563,840
Theatre Building	42,480,738	7,257,019	35,223,719
Vehicles	47,766	317	47,449
Theatre Improvements	1,915,154	435,921	1,479,233

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TY 2006 Other Assets Schedule

Name: CHICAGO THEATRE GROUP INC
(dba Goodman Theatre)
EIN: 36-2896025
Software ID: 06000173
Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Actor's Equity LOC	83,500	83,500
Rental Deposit	5,000	5,000

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TY 2006 Other Changes in Net Assets Schedule

Name: CHICAGO THEATRE GROUP INC
(dba Goodman Theatre)
EIN: 36-2896025
Software ID: 06000173
Software Version: v1.00

Description	Amount
Unrealized Investment Gain/(Loss)	829,373
Goodman/Friedman LLC Gain/(Loss)	-450,728
Realized Investment Gain/(Loss)	1,645,387

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TY 2006 Sales Of Inventory Schedule

Name: CHICAGO THEATRE GROUP INC
(dba Goodman Theatre)
EIN: 36-2896025
Software ID: 06000173
Software Version: v1.00

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
Gift Store & Front-of-House Sales	335,942	220,382	115,560

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TY 2006 Tax-Exempt Bond Liabilities Schedule

Name: CHICAGO THEATRE GROUP INC
(dba Goodman Theatre)
EIN: 36-2896025
Software ID: 06000173
Software Version: v1.00

Item No.	1
Name of Issue	Illinois Development Finance Authority
Purpose	Scene Shop
Amount Outstanding	2459068
Unexpeded Bond Proceeds	1340932
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	Illinois Development Finance Authority
Purpose	Theatre Building
Amount Outstanding	24100000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

*** 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning 9/1/2006 , and ending 8/31/2007

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

OMB No. 1545-1879

2006

Name of exempt organization

CHICAGO THEATRE GROUP INC

Employer identification number

36 2896025

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b,** whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	**Form 990** check here ▶ ☑	**b Total revenue,** if any (Form 990, line 12)	1b	$17,695,234
2a	**Form 990-EZ** check here ▶ ☐	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶ ☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶ ☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5) .	4b	
5a	**Form 8868** check here ▶ ☐	**b Balance due** (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund.

Sign Here ▶ Peter Calibraro — Signature of officer | 7/9/08 — Date ▶ **Peter Calibraro, Associate General Ma** — Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS *e-file* Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ | Date | Check if also paid preparer ☐ | Check if self-employed ☐ | ERO's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶ | EIN | Phone no. ( )

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶ | EIN | Phone no. ( )