

**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**Applicant/Program: Stage One: The Louisville Children's Theatre, Inc./The Glorious Adventures of the Mighty Robin Hood!**

**Executive Summary of Request:**  
This request from Stage One is for six of the actors in their current production of *The Glorious Adventures of the Mighty Robin Hood!* which began rehearsals on 1/7/14 and the show closes on 2/22/14. The request of \$13,804 does NOT include reimbursement for salaries/benefits prior to the application date of 1/21/14. Stage One offers dramatic arts education and theatrical experiences for families and children. Through their innovative Play It Forward ticket underwriting program, every public, private, and parochial student in grades kindergarten through six in Jefferson County can see a StageOne production at no ticket cost.

Is this program/project a fundraiser?  Yes  No  
 Is this applicant a faith based organization?  Yes  No  
 Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.


*See attached for signatures*

District # \_\_\_\_\_ Primary Sponsor Signature \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:**  
 \_\_\_\_\_  
 Appropriations Committee Chairman Date

**Clerk's Office Only:**  
 Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
 Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

Received 2-24-14 @ 11:52  


**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**DATE:** February 11, 2014

**PRIMARY SPONSOR** (District to contact with any questions): Rick Blackwell – District 12

**Name of Applicant:** Stage One: The Louisville Children's Theatre, Inc.

I/We have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I/We have read the organization's statement of public purpose to be furthered by the funds requested and I/We agree that the public purpose is legitimate. I/We have also completed the disclosure section below, if required.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 District #       Primary Sponsor Signature      \$ 2000 Amount      2-11-14 Date

**Council Office Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:**

\_\_\_\_\_ Appropriations Committee Chairman      \_\_\_\_\_ Date

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_

Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_



Received 3.26.14 @ 2:12pm  
*(Signature)*

**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**Applicant/Program: Stage One: The Louisville Children's Theatre, Inc./The Glorious Adventures of the Mighty Robin Hood!**

**Executive Summary of Request:**  
This request is to add an additional \$1,554 from District 4 to an Ordinance 39-2014 appropriating \$12,250 to Stage One for their production of *The Glorious Adventures of the Mighty Robin Hood!* This will bring the total appropriation to \$13,804, the maximum non-reimbursable request from Stage One. Stage One offers dramatic arts education and theatrical experiences for families and children. Through their innovative Play It Forward ticket underwriting program, every public, private, and parochial student in grades kindergarten through six in Jefferson County can see a StageOne production at no ticket cost.

Is this program/project a fundraiser?  Yes  No  
Is this applicant a faith based organization?  Yes  No  
Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

4 District #      David Demay Primary Sponsor Signature      \$1554 Amount      3/26/2014 Date

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

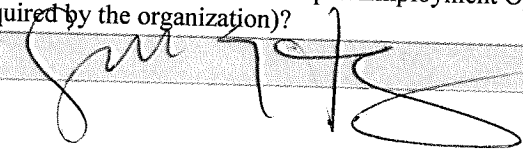
**Approved by:**  
\_\_\_\_\_  
Appropriations Committee Chairman      Date

**Clerk's Office Only:**  
Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

OFFICE OF METRO COUNCIL CLERK  
REVIEWED

DATE 4-10-14 TIME 1:20pm

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b>		
Program Name:	Request Amount:	
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes/No/NA
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		yes
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		yes
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		yes
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		yes
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		n/a
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		<del>n/a</del> yes
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		n/a
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		yes
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		n/a
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		yes
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		n/a
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		yes
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		n/a
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		n/a
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		yes
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		yes
<b>Operating Budget:</b> Is the organization's current fiscal year operating budget included?		yes
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		yes
<b>Board Members:</b> Is the entity's board member list (with term length/term limits) included?		yes
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		yes
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		yes
<b>Rent Requests:</b> Is a copy of signed lease included?		yes
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		<del>yes</del> n/a
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		yes
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		yes
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		n/a
Prepared by: 	Date: 3/17/14	

## Kennedy, Liz

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**From:** Tandy, David  
**Sent:** Wednesday, March 26, 2014 3:03 PM  
**To:** King, Keidra; Kennedy, Liz; Smith, Chanelle Emily  
**Subject:** RE: Stage One Packet

Chanelle,  
I have given Keidra signatory rights for the stage one ndf request.

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**From:** King, Keidra  
**Sent:** Wednesday, March 26, 2014 2:34 PM  
**To:** Tandy, David  
**Subject:** FW: Stage One Packet

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**From:** Kennedy, Liz  
**Sent:** Wednesday, March 26, 2014 2:33 PM  
**To:** King, Keidra  
**Subject:** Stage One Packet

Keidra –

Could you please send an email to Chanelle and copy me in from CM Tandy authorizing you to sign off on the Stage One NDF request?

Thanks!  
Liz



Liz Kennedy Legislative Assistant  
Office of Councilman Rick Blackwell  
601 W. Jefferson Street | Louisville, KY 40202  
p: (502) 574-1112 f: (502) 574-3363  
[www.RickBlackwell.com](http://www.RickBlackwell.com)

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> <i>Stage One Louisville Children's Theatre, Inc.</i>		<b>Request Amount:</b> <i>\$13,804</i>	<b>Yes/No/NA</b>
<b>Program Name:</b> <i>Environ Adventure of Diversity Program</i>			
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?			
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?			<i>yes</i>
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?			<i>yes</i>
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?			<i>yes</i>
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?			<i>yes</i>
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?			<i>n/a</i>
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?			<i>yes</i>
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?			<i>n/a</i>
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?			<i>yes</i>
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?			<i>n/a</i>
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?			<i>yes pg. 2</i>
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?			<i>n/a</i>
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>			<i>yes</i>
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?			<i>n/a</i>
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)			<i>n/a</i>
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?			<i>yes</i>
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?			<i>yes</i>
<b>Operating Budget:</b> Is the organization's current fiscal year operating budget included?			<i>yes</i>
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.			<i>yes</i>
<b>Board Members:</b> Is the entity's board member list (with term length/term limits) included?			<i>yes</i>
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?			<i>yes</i>
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?			<i>yes</i>
<b>Rent Requests:</b> Is a copy of signed lease included?			<i>n/a</i>
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?			<i>yes</i>
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?			<i>yes</i>
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?			<i>yes</i>
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?			<i>n/a</i>
<b>Prepared by:</b> <i>[Signature]</i>	<b>Date:</b> <i>2/20/14</i>		

## Kennedy, Liz

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**From:** Downard, Kelly  
**Sent:** Monday, February 24, 2014 10:31 AM  
**To:** Kennedy, Liz  
**Cc:** Helton, Jessamyn; Smith, Chanelle Emily; Carroll, Debbie; Stenberg, Beth  
**Subject:** Stage One NDF

Please be advised that I authorize my Legislative Asst, Debbie Carroll, to sign on my behalf an appropriation in the amount of \$1,000 to Stage One.

Kelly





# LOUISVILLE METRO COUNCIL



## NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: StageOne: The Louisville Children's Theatre, Inc.  
(as listed on: <http://www.sos.ky.gov/business/records/>)

Main Office Street & Mailing Address: 323 W. Broadway, Suite 600, Louisville, KY 40202

Website: [www.stageone.org](http://www.stageone.org)

Application Contact: Lucas Adams Title: Associate Director of Development

Phone: 502-498-2448 Email: [ladams@stageone.org](mailto:ladams@stageone.org)

Financial Contact: Mike Brooks Title: Business Manager

Phone: 502-498-2438 Email: [mbrooks@stageone.org](mailto:mbrooks@stageone.org)

### GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): Kentucky Center for the Arts

Council District(s): 4 Zip Code(s): 40202

### SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

Program Name:

Total Request: \$ 24,157 Total Metro Award (this program) in previous year: \$ 9,000

The following are required attachments:

- IRS Exempt Status Determination Letter
- Current Year Projected Budget
- List of Board of Directors (include term & term limits)
- Current financial statement
- Most recent IRS Form 990 or 1120-H
- Articles of Incorporation
- Cost estimates from proposed vendor if request is for capital expense
- Signed lease if rent costs are being requested
- IRS Form W9
- Evaluation forms if used in the proposed program
- Annual audit (if required by organization)
- Faith Based Organization Certification Form, if required
- Staff including the 3 highest paid staff

Agency Fiscal Yr Start Date: June 1st

For the current fiscal year ending June 30, list all funds received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source: External Agency Fund	Amount: \$ 2,700
Source: External Agency Fund	Amount: \$ 12,500
Source:	Amount: \$

Has the applicant contacted the BBB Charity Review for participation?  Yes  No

Has the applicant met the BBB Charity Review Standards?  Yes  No

### SECTION 3 - SIGNATURE

I certify under the penalty of law the information in this application (including, without limitation, the "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization.

Signature of Legal Signatory: *Peter N. Holloway* Date: 1/21/14

Legal Signatory (please print): Peter N. Holloway Title: Producing Artistic Director

Phone: Extension: 502-498-2440 Email: [pholloway@stageone.org](mailto:pholloway@stageone.org)

#### SECTION 4 - AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The mission of StageOne is to inspire children by opening the door to imagination, opportunity, and empathy.

In fiscal year 2012 the Board of Directors approved the following statement of vision:

"The vision of StageOne Family Theatre is to achieve excellence by partnering with community resources to provide a gateway to the arts for every child. As a cornerstone of the cultural community, StageOne will offer dramatic arts education and theatrical experiences for families and children. StageOne will fulfill this vision through good stewardship, fiscal responsibility, and professional development of the staff and board."

Through on-stage, in-school, and community-based programming, StageOne serves as a hub for arts education that impacts area students from pre-kindergarten all the way through college. StageOne serves nearly 100,000 students and families each year.

#### SECTION 5 - PROGRAM NARRATIVE

**A: Purpose of Request (check all that apply):**

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

**B: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc):**

StageOne is seeking \$27,608 in Neighborhood Development Funds to support its world premiere production of the Glorious Adventures of the Mighty Robin Hood, which began rehearsal January 7th, 2014 and closes in Louisville on February 22nd, 2014.

This support would allow StageOne to pay 6 actors an average salary of \$456.24 plus \$713.56 per week in combined pension and health benefits and offer the production to students in grades four through six at zero ticket cost through StageOne's innovative Play it Forward ticket underwriting program. Through this program every public, private, and parochial student in grades kindergarten through six in Jefferson County can see a StageOne production at no ticket cost.

StageOne believes that every child deserves a live, educational arts experience and through Play it Forward, has broken down the largest barrier to arts participation; money. We seek support from corporations, foundations, individuals, and government entities to underwrite the cost of these productions so that they remain free to students who may not be able to attend otherwise. Traditional models use a portion of earned revenue from ticket sales to help pay for productions.

Since its inception in 2010, nearly 200,000 students have seen a StageOne show through this program, including a record 28,000 who attended last fall's production of the House at Pooh Corner.

**C: Describe specifically how the funding will be spent including identification of funding to subgrantee(s):**

StageOne will use NDF support to pay six actors an average weekly salary of \$456.24 plus \$713.56 in combined pension and health benefits for seven weeks of rehearsal and performance. This request will be for reimbursement of expenditures that occurred both before and after the application date but prior to the Metro Council approval date.

The total request is \$24,157.00.

No funding will be directed to subgrantees.

**D: For Expenditure Reimbursement Only** - The grant award period begins with the Metro Council Appropriation Committee approval date and ends on June 30 of the fiscal year in which the grant is approved. If any part of this funding request is for funds that will be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that have occurred prior to the application date:
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

Salary and benefits for the weeks of January 6th, 13th, and 20th for the six professional actors in StageOne's production of The Glorious Adventures of the mighty Robin Hood. The total amount to be reimbursed is \$8,212.32 in salaries and \$2,140.68 in combined pension and health benefits.

- The funding request is a reimbursement of the following expenditures that will be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with the grant agreement.

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
- ✓ The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Salary and benefits for the weeks of January 27th, February 3rd, 10th, and 17th for the same six professional actors. This amount totals \$10,949.76 in salaries and \$2,854.24 in combined pension and health benefits.

**E: If this request is for a fundraiser, please detail how the proceeds will be spent:**

N/A

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program specifically.**

In the fall of 2012, StageOne began a collaboration with the University of Louisville, and specifically its Theatre Department with the hope of expanding audiences for both entities. While still in its nascent stages, this partnership has led to co-productions of Mufaro's Beautiful Daughters and William Shakespeare's The Tempest, both of which were offered free of charge through the Play it Forward program. Both productions were well attended by student audiences and U of L and StageOne continue to develop this partnership in the hopes of collaborating on future productions as well as building learning opportunities for U of L students in the growing field of theatre-in-education.

StageOne is proud to partner with several organizations to provide Play it Forward to students throughout the region. In Louisville, StageOne has received support in the form of a \$50,000 challenge grant from the Gheens Foundation. This grant was awarded with the hope of leveraging support from both the Metro Council and Jefferson County Public Schools to help underwrite student participation in the Play it Forward program.

StageOne has also begun a partnership with the Muhammad Ali Center for its world premiere production of "And in this Corner...Cassius Clay, Jr." to be presented in the 2014-2015 season. This partnership provides the opportunity for dual field-trips for schools that will allow them to see the show and tour the museum across the street. This play will be offered at zero ticket cost to students in grades four through six.

**G: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

Outcome 1: to provide StageOne's production of the Glorious Adventures of the Mighty Robin Hood at zero ticket cost to over 18,000 students in Jefferson and surrounding counties in grades four through six.

Data collection method: Expressions Reservation System/Teacher Check-In Reports. Expressions captures information for all reservations made, including number of students, teachers, and ticket prices: It also aggregates attendance data for the entirety of the production run and provides an accurate measurement of a show's success.

As schools enter the Kentucky Center for the Arts, teachers check-in with a StageOne representative and provide actual student and chaperone numbers for that day, this is another means of counting total attendance both day-to-day and overall.

Indicators of success to be measured:

Number of students served at each performance and overall

Grade level breakdown

Ticket cost

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Outcome 2: StageOne will provide six actors with seven weeks of salary and health/pension benefits for their work in The Glorious Adventures of the Mighty Robin Hood.

Data collection method: Payroll records through the Paycor System, this includes copies of payroll logs and direct deposit stubs for each actor.

Indicators of success to be measured:

Through payroll records submitted to Metro Government, StageOne will verify it has paid its artists for their work.

**SECTION 6 - PROGRAM BUDGET SUMMARY**

The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. Enter whole-dollar amounts.

Program Expenses	Column 1	Column 2*	Column 3
	Proposed Metro Funds	Non-Metro Funds	Total Program Cost
<b>A: Personnel Costs Including Benefits</b>	\$24,157	\$40,808	\$64,965
<b>B: Rent/Utilities</b>		\$24,095	\$24,095
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>		\$149,141	\$149,141
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>		\$16,450	\$16,450
<b>I: Community Events &amp; Festivals (Attach Detailed List)</b>			
<b>J: Machinery &amp; Equipment</b>		\$440	\$440
<b>K: Capital Project</b>			
<b>L: Other Expenses (Attach Detail List)</b>		\$11,840	\$11,840
<b>SUBTOTAL</b>	\$24,157	\$242,774	\$266,930
<b>% of Program Budget --</b>	10 %	90 %	100%
Value of volunteer services and how computed:	N/A		
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. <i>(Detail on Next Page)</i>	N/A		
<b>Total Program Funds</b>			

**\*List funding sources in Column 2 (do not include individual donor names):**

Other State, Federal or Local Government	\$13,588
United Way	
Private Contributions	\$174,750
Fees Collected from Program Participants	\$19,749
Other (please specify)	
<b>Total Revenues</b>	\$208,087

**PROGRAM BUDGET SUMMARY (CONTINUED)**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<b>Total Value of In-Kind</b> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

\* Donor information refers to who made the in kind contribution. Volunteers need not be listed individually, but grouped together on one line as a total noting how many hours per person per week)

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year?    NO     YES

If YES, please explain:

## SECTION 7 - CERTIFICATIONS AND ASSURANCES

By signing the first page of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.

### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.



## Kennedy, Liz

---

**From:** Adams, Lucas <ladams@stageone.org>  
**Sent:** Tuesday, February 11, 2014 4:07 PM  
**To:** Kennedy, Liz  
**Subject:** RE: StageOne's NDF proposal  
**Attachments:** FY 14 Board List 1 6 14.docm; survey.doc

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Here are some responses to questions below:

1. Page 1 has no program name- Support for the Glorious Adventures of the Mighty Robin Hood!
2. The request is a reimbursement for costs before and after the application date. In October 2013, the Council changed the policy and unless Rick (as primary sponsor) can prove an emergency, the reimbursement before the application date of \$10,353 cannot be funded.

We can remove the request for reimbursement of costs incurred before the Application date, that would make the request for \$13,804, or the costs after the application date

3. The budget page shows expenses covered by non-metro revenue of \$242,744 but only shows non-metro revenue of \$208,087. Are they really planning to lose money on this production?

As a nonprofit theatre, each of our productions is in fact designed to lose money on its face. Just like Actors, the orchestra, the ballet, the opera, we seek contributed revenue to close the gap between what a production costs and what we charge participants to attend. This need is particularly acute in the case of this production, as it is part of our Play it Forward ticket underwriting program, which allows, in this case, all students from grades 4-6 to attend at no ticket cost. The non-Metro funds are the contributions we have secured to date that are directly earmarked to support Play it Forward. As the budget reflects, we must still seek significant support to fully fund the program, and so we are approaching the council to provide some of this much-needed support.

4. List of Board of Directors needs to include term limits- I have attached that, let me know if that is what you need or if I need to do it individually.

5. If there are sample evaluations forms for the schools, those need to be included- I have included a survey we send to teachers.

Also, Councilwoman Welch signaled she would allocate support to StageOne as well, though she didn't give a firm amount.

Lucas W. Adams  
Associate Director of Development  
Stage One Family Theatre  
323 W. Broadway  
Suite 600  
Louisville, KY 40202  
phone: 502-498-2448



**MEMORANDUM**

**TO:** Louisville Metro Council  
**FROM:** Mike Brooks, Business Manager  
**RE:** Staff Compensation

StageOne's three highest paid employees and their FY2014 salaries are as follows:

Peter Holloway, Producing Artistic Director	\$125,000
Corey Harrison, Production Manager	\$58,800
Mike Brooks, Business Manager	\$57,000

Should you have any questions or if we can provide anything further, please do not hesitate to contact me.

Mike Brooks  
Business Manager  
502-498-2438  
[mbrooks@stageone.org](mailto:mbrooks@stageone.org)

Internal Revenue Service

Department of the Treasury

District  
Director

P.O. Box 2508, Cincinnati, OH 45201

Louisville Childrens Theater, Inc.  
Stage One  
721 West Main St.  
Louisville, KY 40202

Person to Contact:  
Dale Pepper  
Telephone Number:  
(513) 684-3578  
Refer Reply to:  
EP/EO  
Date:  
SEP 18 1986

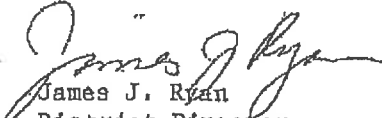
Dear Sir or Madam:

This is in response to your letter of September 4, 1986.

Our records show that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Also, you are not a private foundation because you are described in section 170(b)(1)(A)(vi) of the Code. Contributions to you are deductible by the donor as provided in section 170 of the Code.

Please call the person whose name and telephone number appear above if you have any questions on this matter.

Sincerely yours,

  
James J. Ryan  
District Director

tax id

61-0466715

**StageOne Family Theatre**  
**Proposed Budget**  
**Fiscal Year Ended May 31, 2014**

	<b>FY14</b>
	<b>Budget</b>
	<b>Revised</b>
	<b>5/23/13</b>
Revenues:	
Earned revenues:	
Ticket sales	290,090
Education program fees	68,500
Other	6,860
	<u>365,450</u>
Total earned revenues	<u>365,450</u>
Contributed income:	
Individuals, corporate & foundations	642,500
Government & other grants	90,000
Fund for the Arts allocation - regular	600,000
Fund for the Arts allocation - special	15,000
Fund raising events - net	30,000
In-kind	10,000
Releases from restrictions	-
	<u>1,387,500</u>
Total contributed income	<u>1,387,500</u>
Total revenue	<u>1,752,950</u>
Salaries	806,616
Expenses:	
Productions - direct costs	461,472
Production overhead	294,403
Education	166,679
Patron services	59,845
Marketing	84,022
Development	185,346
Finance & administration	388,330
	<u>1,640,097</u>
Total expenses	<u>1,640,097</u>
Income (loss) before non-recurring items	112,853
Non-recurring items	<u>          </u>
Net income (loss)	<u>112,853</u>

# StageOne

FAMILY THEATRE

## 2013-2014 Board of Directors

**All directors are allowed to serve two 3 year-terms before rolling off.**

**Thomas, Carl - Board Chairman**  
President/Treasurer  
The Gheens Foundation  
401 West Main Street, Suite 705  
Louisville, KY 40202  
Bus: (502) 584-4650  
E-mail: [carl@gheensfoundation.org](mailto:carl@gheensfoundation.org)  
First Term Ends: May 31<sup>st</sup>, 2016

**Butler, Ashley**  
Director  
Lift a Life Foundation  
4350 Brownsboro Road, Suite 110  
Louisville, KY 40207  
Bus: (502) 893-4540  
E-mail: [liftalifefoundation@gmail.com](mailto:liftalifefoundation@gmail.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Barnum, Laura Melillo**  
V.P., Community Relations and Executive Director,  
Yum! Brands Foundation  
Yum! Brands  
1441 Gardiner Lane  
Louisville, KY 40213  
Bus: (502) 874-2944  
E-mail: [laura.melillo@yum.com](mailto:laura.melillo@yum.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Byrd, Kristen**  
Vice President – Senior Banking Advisor  
PNC Wealth Management  
Mail Stop: K1-K201-03-2  
101 S. Fifth Street  
Louisville, KY 40202  
Bus: (502)581-2270  
Mobile: (502) 802-2463  
Fax: (502) 581-7841  
E-mail: [kristen.byrd@pnc.com](mailto:kristen.byrd@pnc.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Benson, Eric**  
Senior Manager  
Deloitte & Touche LLP  
220 W Main St #2100,  
Louisville, KY, 40202  
Bus: (502) 562-2096  
Mobile: (502) 963-2436  
E-mail: [ericbenson@deloitte.com](mailto:ericbenson@deloitte.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Calzi, David**  
Managing Partner  
Ernst & Young LLP  
400 West Market Street, Suite 2400  
Louisville, KY 40202  
Bus: (502) 585-6415  
E-mail: [dave.calzi@ey.com](mailto:dave.calzi@ey.com)  
First Term ends: May 31<sup>st</sup>

**Dunbar, Tom**  
Management Alternatives  
418 Knightsbridge Rd., Suite 2  
Louisville, KY 40202  
Mobile: (502) 558-1286  
E-mail: [Magap99@aol.com](mailto:Magap99@aol.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Ferguson, Virginia**  
Director, Public Relations  
Yum! Brands, Inc.  
1441 Gardiner Lane  
Louisville, KY 40213  
Bus: (502) 874-2619  
Mobile: (502) 386-9355  
E-mail: [Virginia.Ferguson@yum.com](mailto:Virginia.Ferguson@yum.com)  
First Term ends; May 31<sup>st</sup>, 2016

**Glasscock, S. Timothy, D.M.A.**  
Artistic Director  
Bellarmine University  
221 E. Ninth Street  
New Albany, IN 47150  
Mobile: (502) 235-0771  
E-Mail: [sglasscock@bellarmine.edu](mailto:sglasscock@bellarmine.edu)  
First Term ends; May 31<sup>st</sup>, 2016

**Goff, Lea Pauley**  
Partner  
Stoll Keenon Ogden PLLC  
500 West Jefferson Street, Suite 2000  
Louisville, Kentucky 40202-2828  
Bus: (502) 568.5731  
Mobile: (502) 592.0027  
Fax: (502) 562.0931  
E-mail: [lea.goff@skofirm.com](mailto:lea.goff@skofirm.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Haehl, Brian D.**  
Vice President, Wealth Advisor  
B B & T Wealth  
One Riverfront Plaza  
401 W. Main Street, 1st floor  
Louisville, KY 40202  
Bus: (502) 562-6933  
Mobile: (602) 920-6251  
E-mail: [bhaehl@bbandt.com](mailto:bhaehl@bbandt.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Heit, Michelle Hawk**  
7814 Farm Spring Drive  
Prospect, KY 40059  
Home: (502) 228-6956  
Mobile: (502) 291-3304  
E-mail: [Michelle7814@aol.com](mailto:Michelle7814@aol.com)  
Second Term ends: May 31<sup>st</sup>, 2014

**Kaplan, Elizabeth**  
Senior Vice President  
Hilliard Lyons  
500 W. Jefferson Street, Suite 700  
Louisville, KY 40202  
Bus: (502) 588-1719  
E-mail: [EKaplan@hilliard.com](mailto:EKaplan@hilliard.com)  
First Term ends; May 31<sup>st</sup>, 2016

**Krug, Peggy**  
Compliance and Corporate Services Manager  
Glenview Trust Company  
4969 US Highway 42, Suite 2000  
Louisville, KY 40222  
Bus: (502)379-6044  
E-mail: [peggy.krug@glenviewtrust.com](mailto:peggy.krug@glenviewtrust.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Lambert, Carol**  
1511 Northwind Road  
Louisville, KY 40207  
Home: (502) 897-0192  
E-mail: [Gcmljr@aol.com](mailto:Gcmljr@aol.com)  
Second Term ends: May 31<sup>st</sup>, 2014

**Lawrence, Brandon**  
Attorney at Law  
101 North 7th Street, Ste. 206  
Louisville, KY 40202  
Bus: (502) 587-0041  
Home : (812) 256-4072  
E-mail: [brandonlawrence36@yahoo.com](mailto:brandonlawrence36@yahoo.com)  
Second Term ends: May 31<sup>st</sup>, 2014

**Lowe, Melissa**  
Human Resources Director  
Brown Forman Corporation  
850 Dixie Highway  
Louisville, KY 40210  
Bus: (502) 774-7886  
Mobile: (502)396-9780  
E-mail: [melissa\\_lowe@b-f.com](mailto:melissa_lowe@b-f.com)  
First Term ends; May 31<sup>st</sup>, 2016

**McNair, Tess**  
Program Officer  
The C.E. & S. Foundation  
101 South Fifth Street, Suite 1650  
Louisville, KY 40202  
Bus: (502) 583-0546  
E-mail: [tmcnair@cesfoundation.com](mailto:tmcnair@cesfoundation.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Merrick, Michael C.**  
Partner  
Dinsmore & Shohl LLP  
101 South Fifth Street  
Suite 2500  
Louisville, KY 40202  
Bus: (502) 540-2321  
E-mail: [michael.merrick@dinsmore.com](mailto:michael.merrick@dinsmore.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Reno-Weber, Ben**  
Executive Director  
Kentucky YMCA Youth Association  
P.O. Box 4285  
Frankfort, KY 40604  
Bus: (502) 227-7028 ext. 12  
Cell: (202) 413-3235  
E-mail: [brenoweber@kyyymca.org](mailto:brenoweber@kyyymca.org)  
First Term ends: May 31<sup>st</sup>, 2016

**Schulz, Leisa**  
Superintendent of Schools,  
Archdiocese of Louisville  
1935 Lewiston Place  
Louisville, KY 40216  
Bus: (502) 448-8581  
Home: (502) 897-7554  
E-mail: [lschulz@archlou.org](mailto:lschulz@archlou.org)  
Second Term ends: May 31<sup>st</sup>, 2014

**Smith, Dave**  
Assistant Chief Pilot  
UPS Airlines  
911 Grade Lane, ASC Building 2  
Louisville, KY 40213  
Bus: (502) 759-8411  
Mobile: (502) 759-4026  
Email: [dhsmith@ups.com](mailto:dhsmith@ups.com)  
First Term ends: May 31<sup>st</sup>, 2016

**Tuvlin, Jennifer**  
7404 Wilcotte Court  
Prospect, KY 40059  
Home: (502) 749-9787  
Mobile: (502) 386-5287  
E-mail: [jbtuvlin@twc.com](mailto:jbtuvlin@twc.com)  
Second Term ends: May 31<sup>st</sup>, 2014

**Holloway, Peter (Ex Officio)**  
Producing Artistic Director  
Stage One Family Theatre  
323 W Broadway, Suite 600  
Louisville, KY 40202  
Bus: (502) 498-2440  
Mobile: (502) 905-9004  
E-mail: [pholloway@stageone.org](mailto:pholloway@stageone.org)  
No term limits

**Berry, Mike (honorary)**  
President & CEO  
Kentucky Derby Festival  
1001 South Third Street  
Louisville, KY 40203  
Bus: (502) 584-6383  
Mobile: (502) 741-7444  
E-mail: [mberry@kdf.org](mailto:mberry@kdf.org)  
Lifetime Term

**Chand, Chuck (honorary)**  
Managing Partner  
Samos Capital, LLC  
1131 East Main, Suite 107  
Tustin, CA 92780  
Bus: (714) 716-5041  
Mobile: (502) 797-4556  
E-Mail: [chuck@samoscapital.com](mailto:chuck@samoscapital.com)  
Lifetime term

**Ellis, Stephen B. (honorary)**  
Assistant Professor  
Hanover College  
P.O. Box 108  
Hanover, IN 47243  
Bus: (812) 866-7285  
Home: (502) 893-2446  
Mobile: (502) 552-7268  
E-mail: [sbe4038@gmail.com](mailto:sbe4038@gmail.com)  
Lifetime term

**Ording, Tom (honorary)**  
1927 Deer Park Avenue  
Louisville, KY 40205  
Home: (502) 451-6275  
Mobile: (502) 457-5487  
E-mail: [tom.ording@gmail.com](mailto:tom.ording@gmail.com)  
Lifetime term



**StageOne Family Theatre  
Statement of Financial Position**

	<i>(Unaudited)</i>				
	as of 11/30/12	as of 10/31/13	as of 11/30/13	Monthly Variance	Prior Year Variance
<b>Assets</b>					
Cash-Operating	\$66,084	\$75,353	\$61,422	(\$13,931)	(\$4,662)
Petty Cash-Variou	1,600	2,200	2,272	72	672
Accounts Receivable	10,226	10,071	9,598	(473)	(628)
Pledges Receivable	49,598	180,512	171,299	(9,213)	121,701
Prepaid Expenses and Other	67,896	42,948	61,743	18,795	(6,153)
Investments	26,078	10,614	10,614	-	(15,464)
Property & Equipment, Net	44,682	34,485	32,911	(1,574)	(11,771)
<b>Total Assets</b>	<b>\$266,164</b>	<b>\$356,183</b>	<b>\$349,859</b>	<b>(\$6,324)</b>	<b>\$83,695</b>
<b>Liabilities</b>					
Notes Payable	\$376,086	\$320,050	\$318,374	(\$1,676)	(\$57,712)
Accounts Payable	136,048	162,881	139,994	(22,887)	3,946
Deferred Ticket Sales & Camps	61,316	5,511	52,468	46,957	(8,848)
Deferred Fund for the Arts	142,191	137,726	122,138	(15,588)	(20,053)
Deferred Other Contributions	153,015	276,889	262,457	(14,432)	109,442
	\$868,656	\$903,057	\$895,431	(\$7,626)	\$26,775
<b>Net Assets</b>	<b>(602,492)</b>	<b>(546,874)</b>	<b>(545,572)</b>	<b>1,302</b>	<b>56,920</b>
<b>Total Liabilities and Net Assets</b>	<b>\$266,164</b>	<b>\$356,183</b>	<b>\$349,859</b>	<b>(\$6,324)</b>	<b>\$83,695</b>

Prepared for: StageOne's Finance Committee and Board of Directors  
Prepared by: Tonya McSorley on 12/18/2013

**StageOne Family Theatre  
Statement of Activities  
Summary  
UNAUDITED**

**REVENUE**

**EARNED REVENUE**

**TICKET SALES**

Season Subscriptions	707
Single Tickets	4,982
Student Matinee Sales	6,178
Group Sales	907
Ticket Handling	125
Sales Commission & Discounts	0
<b>TOTAL TICKET SALES</b>	<b>12,889</b>

**OTHER EARNED REVENUE**

Education Program Fees	3,280
Rental Income	0
Concession & Novelty Sales (net)	0
Other Earned Income	717
<b>TOTAL OTHER EARNED REVENUE</b>	<b>3,997</b>

**TOTAL EARNED REVENUE**

<b>11/30/2012 ACTUAL</b>	<b>16,886</b>
--------------------------	---------------

<b>FY 14 ACTUAL</b>	<b>15,950</b>
---------------------	---------------

<b>FY 14 6 Months Ended 11/30/13 ACTUAL</b>	<b>83,395</b>
---	---------------

<b>FY 14 BUDGET</b>	<b>366,450</b>
---------------------	----------------

**Current Period**

<b>FY 13 ACTUAL</b>	<b>11/30/2012</b>
---------------------	-------------------

<b>FY 14 ACTUAL</b>	<b>11/30/2013</b>
---------------------	-------------------

<b>FY 14 BUDGET</b>	<b>11/30/2013</b>
---------------------	-------------------

<b>FY 14 6 Months Ended 11/30/13 ACTUAL</b>	<b>11/30/13</b>
---	-----------------

<b>FY 14 BUDGET</b>	
---------------------	--

**Year-to-Date**

	65	-	65
	(50)	-	(50)
	-	-	-
	-	-	-
	-	-	-
	15	0	15

	844	3,000	(2,156)
	7,235	14,935	(7,700)
	6,938	6,950	(12)
	-	-	-
	46	60	(14)
	-	-	-
	15,063	24,945	(9,882)

	67,248	38,300	28,948
	778	-	778
	(62)	40	(102)
	368	-	368
	66,332	38,340	29,992
	83,395	63,285	20,110

**CONTRIBUTED REVENUE**

Board Contributions	5,870
Individual Contributions	15,488
Corporate Contributions	42,327
Foundations	2,000
Non-Government Agency	0
Government Support	28,757
Fund for the Arts (allocations)	73,545
Fund for the Arts (matching gifts)	5,854
Fund Raising Events (net) and Other	2,014
In-Kind Revenue	350
<b>TOTAL CONTRIBUTIONS</b>	<b>176,205</b>

**TOTAL REVENUE**

<b>11/30/2012 ACTUAL</b>	<b>193,071</b>
--------------------------	----------------

<b>FY 14 ACTUAL</b>	<b>114,515</b>
---------------------	----------------

<b>FY 14 6 Months Ended 11/30/13 ACTUAL</b>	<b>653,061</b>
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<b>FY 14 BUDGET</b>	<b>1,752,950</b>
---------------------	------------------

**StageOne Family Theatre  
Statement of Activities  
Summary  
UNAUDITED**

	Current Period			Year-to-Date				
	FY 13 11/30/2012 ACTUAL	FY 14 11/30/2013 ACTUAL	FY 14 11/30/2013 BUDGET	Variance to Budget	FY 14 6 Months Ended 11/30/13 ACTUAL	FY 14 6 Months Ended 11/30/13 BUDGET	Variance to Budget	FY 14 BUDGET
<b>EXPENDITURES</b>								
Production - overhead	12,326	28,095	30,273	(2,178)	145,747	147,381	(1,634)	294,403
Productions - direct costs	136,335	(2,367)	-	(2,367)	115,391	127,104	(11,713)	461,472
Education - overhead	14,280	14,142	15,947	(1,805)	73,351	69,631	3,720	144,679
Education Programs - direct costs	441	2,694	895	1,799	18,035	15,655	2,380	22,000
Marketing & Patron Services	13,945	11,573	15,626	(4,053)	64,994	70,879	(5,885)	143,887
Development	12,889	19,572	23,011	(3,439)	109,699	107,727	1,972	165,346
Finance & Administrative	35,408	36,504	36,114	390	193,210	193,432	(222)	388,330
<b>TOTAL EXPENDITURES</b>	<b>224,584</b>	<b>110,213</b>	<b>121,866</b>	<b>(1,553)</b>	<b>720,427</b>	<b>731,809</b>	<b>(11,382)</b>	<b>1,640,097</b>
<b>SUBTOTAL REVENUE OVER (UNDER) EXPENDITURES</b>	<b>(31,513)</b>	<b>1,302</b>	<b>26,879</b>	<b>(25,577)</b>	<b>(67,369)</b>	<b>84,403</b>	<b>151,739</b>	<b>112,853</b>
<b>NON-RECURRING ITEMS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100,000</b>	<b>0</b>	<b>100,000</b>	<b>0</b>
<b>TOTAL REVENUE OVER (UNDER) EXPENDITURES</b>	<b>(31,513)</b>	<b>1,302</b>	<b>26,879</b>	<b>(25,577)</b>	<b>32,634</b>	<b>84,403</b>	<b>(51,769)</b>	<b>112,853</b>

Prepared for: StageOne's Finance Committee  
Prepared by: Tonya McSorley on 12/18/2013

Form **990**

# 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)

OMB No. 1545-0047

# 2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2011** calendar year, or tax year beginning **JUL 1, 2011** and ending **MAY 31, 2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.	<b>D</b> Employer identification number 61-0466715
	Doing Business As STAGE ONE	<b>E</b> Telephone number 502-589-4060
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 323 WEST BROADWAY 600	<b>G</b> Gross receipts \$ 1,283,110.
	City or town, state or country, and ZIP + 4 LOUISVILLE, KY 40202	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: PETER HOLLOWAY SAME AS C ABOVE		<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: WWW.STAGEONE.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1948 <b>M</b> State of legal domicile: KY

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO SERVE THE LOUISVILLE, KENTUCKY REGIONS CHILDREN, TEACHERS AND FAMILIES BY PROVIDING HIGH		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	45
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	21
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	823,540.	780,785.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	424,376.	459,045.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	642.	1,174.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,274,936.	1,279,129.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	863,652.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 69,434.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,087,471.	718,816.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,087,471.	1,582,468.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	187,465.	-303,339.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	387,436.	306,233.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	260,774.	595,026.
		126,662.	-288,793.

## Part II Signature Block

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.

<b>Sign Here</b>	Signature of officer	Date			
	PETER HOLLOWAY, PRODUCING ARTISTIC DIRECTOR Type or print name and title				
<b>Paid Preparer</b>	Print/Type preparer's name REBECCA L. PHILLIPS, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00024055
	Firm's name ▶ MOUNTJOY CHILTON MEDLEY LLP	Firm's EIN ▶ 27-1235638			
<b>Use Only</b>	Firm's address ▶ 462 S. FOURTH ST., SUITE 2000 LOUISVILLE, KY 40202-3445		Phone no. (502) 749-1900		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO SERVE THE LOUISVILLE, KENTUCKY REGIONS CHILDREN, TEACHERS AND FAMILIES BY PROVIDING HIGH QUALITY, ENTERTAINING, AND PROFESSIONAL THEATER FOR YOUNG AUDIENCES AND BY FOSTERING AN APPRECIATION OF THE ARTS THAT DEVELOPS THE WHOLE CHILD, SUPPORTS THE LEARNING ENVIRONMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,018,568. including grants of \$ ) (Revenue \$ 376,206. ) SUPPORTING CHILDRENS AND FAMILY THEATRE IN LOUISVILLE, KENTUCKY. APPROXIMATELY 85,000 SCHOOL CHILDREN ATTENDED THEATRICAL PRODUCTIONS.

4b (Code: ) (Expenses \$ 148,043. including grants of \$ ) (Revenue \$ 86,837. ) APPROXIMATELY 3,700 PEOPLE WERE SERVED THROUGH EDUCATIONAL WORKSHOPS AND CLASSES.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,166,611.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI  X

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 502-589-4060**  
**323 WEST BROADWAY, NO. 600, LOUISVILLE, KY 40202**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHUCK CHAND CHAIRMAN	4.00	X		X				0.	0.	0.
(2) SARAH CRONON VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(3) LINDSEY HERR TREASURER	2.00	X		X				0.	0.	0.
(4) CINDY ADLEBERG SECRETARY	2.00	X		X				0.	0.	0.
(5) ALICE BRIDGES BOARD MEMBER	1.00	X						0.	0.	0.
(6) DAVID MCARTHUR BOARD MEMBER	1.00	X						0.	0.	0.
(7) MARY DORSETT BOARD MEMBER	1.00	X						0.	0.	0.
(8) ANNETTE CALHOUN BOARD MEMBER	1.00	X						0.	0.	0.
(9) JOHN COX BOARD MEMBER	1.00	X						0.	0.	0.
(10) STEVE ELLIS BOARD MEMBER	1.00	X						0.	0.	0.
(11) HULYN FARR BOARD MEMBER	1.00	X						0.	0.	0.
(12) BENJAMIN GRAVES BOARD MEMBER	1.00	X						0.	0.	0.
(13) MICHELLE HEIT BOARD MEMBER	1.00	X						0.	0.	0.
(14) CAROL LAMBERT BOARD MEMBER	1.00	X						0.	0.	0.
(15) LAWRENCE BRANDON BOARD MEMBER	1.00	X						0.	0.	0.
(16) NORMA OBERST BOARD MEMBER	1.00	X						0.	0.	0.
(17) TOM ORDING BOARD MEMBER	1.00	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID ROTH BOARD MEMBER	1.00	X						0.	0.	0.
(19) JEFF TULL BOARD MEMBER	1.00	X						0.	0.	0.
(20) MIKE STRATTON BOARD MEMBER	1.00	X						0.	0.	0.
(21) GERALDINE WOODS BOARD MEMBER	1.00	X						0.	0.	0.
(22) PETER HOLLOWAY PROD ARTISTIC DIRECTOR	50.00			X				53,543.	73,649.	10,200.
<b>1b Sub-total</b> .....								53,543.	73,649.	10,200.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								53,543.	73,649.	10,200.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	425,358.					
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	90,250.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	265,177.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f			780,785.				
<b>Program Service Revenue</b>	<b>2 a</b> PRODUCTIONS	Business Code	900099	369,284.	369,284.			
	<b>b</b> EDUCATIONAL PROGRAMS		900099	86,837.	86,837.			
	<b>c</b> PROP RENTALS		900099	2,924.	2,924.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue		900099					
	<b>g Total.</b> Add lines 2a-2f			459,045.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,174.			1,174.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		100.				
		<b>b</b> Less: direct expenses	<b>b</b>	0.				
		<b>c</b> Net income or (loss) from fundraising events			100.			100.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>		7,979.					
	<b>b</b> Less: cost of goods sold	<b>b</b>	3,981.					
	<b>c</b> Net income or (loss) from sales of inventory			3,998.	3,998.			
<b>Miscellaneous Revenue</b>			Business Code					
<b>11 a</b> MISCELLANEOUS			900099	34,027.			34,027.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d				34,027.			
<b>12 Total revenue.</b> See instructions.				1,279,129.	463,043.	0.	35,301.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,260.	101,445.		33,815.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	577,672.	460,297.	115,712.	1,663.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	76,979.	65,281.	10,141.	1,557.
10 Payroll taxes	73,741.	61,766.	8,516.	3,459.
11 Fees for services (non-employees):				
a Management				
b Legal	1,880.		1,880.	
c Accounting	106,916.		106,916.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	125,172.	99,525.	6,868.	18,779.
12 Advertising and promotion	37,537.	37,537.		
13 Office expenses	11,733.	7,740.	3,993.	
14 Information technology	20,232.	14,708.	3,182.	2,342.
15 Royalties	58,426.	58,426.		
16 Occupancy	6,734.	4,142.	2,167.	425.
17 Travel	13,549.	13,439.		110.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,318.		13,318.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,163.	13,786.	4,377.	
23 Insurance	38,756.		38,756.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION COSTS	151,508.	129,400.	15,200.	6,908.
b THEATRE RENT	90,420.	90,420.		
c MISCELLANEOUS ADMINISTR	8,675.	155.	8,284.	236.
d BAD DEBT	7,113.		7,113.	
e All other expenses	8,684.	8,544.		140.
25 Total functional expenses. Add lines 1 through 24e	1,582,468.	1,166,611.	346,423.	69,434.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	16,932.	<b>1</b>	64,282.
	<b>2</b> Savings and temporary cash investments .....	25,277.	<b>2</b>	10,531.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	163,329.	<b>4</b>	125,568.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	127,879.	<b>9</b>	52,507.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 129,512.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 86,765.	51,584.	<b>10c</b> 42,747.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,435.	<b>12</b>	576.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	10,022.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		387,436.	<b>16</b>	306,233.
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	125,788.	<b>17</b>	176,381.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	65,892.	<b>19</b>	36,698.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	50,000.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	82,860.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	69,094.	<b>25</b>	249,087.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	260,774.	<b>26</b>	595,026.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	-145,099.	<b>27</b>	-603,284.
	<b>28</b> Temporarily restricted net assets .....	250,921.	<b>28</b>	293,651.
	<b>29</b> Permanently restricted net assets .....	20,840.	<b>29</b>	20,840.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> .....	126,662.	<b>33</b>	-288,793.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	387,436.	<b>34</b>	306,233.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,279,129.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,582,468.
3	Revenue less expenses. Subtract line 2 from line 1	3	-303,339.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	126,662.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-112,116.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-288,793.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.** Employer identification number **61-0466715**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  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 exempt 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). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____		
(ii) A family member of a person described in (i) above? _____		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	730,452.	1,050,209.	609,721.	823,540.	780,785.	3,994,707.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	730,452.	1,050,209.	609,721.	823,540.	780,785.	3,994,707.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						197,393.
6 <b>Public support.</b> Subtract line 5 from line 4.						3,797,314.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 .....	730,452.	1,050,209.	609,721.	823,540.	780,785.	3,994,707.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,928.	1,444.	259.	642.	1,174.	7,447.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	2,781.	3,335.	2,030.	7,968.	34,027.	50,141.
11 <b>Total support.</b> Add lines 7 through 10						4,052,295.
12 Gross receipts from related activities, etc. (see instructions) .....					12	2,498,645.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	93.71 %
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	93.63 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, 2011 COLUMN - THE ORGANIZATION CHANGED ITS TAX YEAR

END. AS A RESULT, THE 2011 COLUMN IS FOR THE PERIOD JULY 1, 2011 THROUGH

MAY 31, 2012.

COPY

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

# 2011

Name of the organization

STAGE ONE: THE LOUISVILLE CHILDREN'S  
THEATRE, INC.

Employer identification number

61-0466715

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

<b>Name of organization</b> STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.	<b>Employer identification number</b> 61-0466715
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 410,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 75,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 55,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.	<b>Employer identification number</b> 61-0466715
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 21,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.	Employer identification number  61-0466715
---	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.	Employer identification number 61-0466715
--	--

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC. Employer identification number: 61-0466715

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 2a, 2b.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,721.	27,712.	57,864.	67,004.	
b Contributions					
c Net investment earnings, gains, and losses	-190.	84.	222.	823.	
d Grants or scholarships					
e Other expenditures for facilities and programs	6,691.	75.	30,374.	9,963.	
f Administrative expenses					
g End of year balance	20,840.	27,721.	27,712.	57,864.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		x
3a(ii)		x
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		94,298.	52,745.	41,553.
e Other		35,214.	34,020.	1,194.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				42,747.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	248,225.
(3) CAPITAL LEASE OBLIGATION	862.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	249,087.

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,279,129.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,582,468.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-303,339.
4	Net unrealized gains (losses) on investments	4	-467.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-111,649.
9	Total adjustments (net). Add lines 4 through 8	9	-112,116.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-415,455.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,296,949.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-467.
b	Donated services and use of facilities	2b	14,306.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	3,981.
e	Add lines 2a through 2d	2e	17,820.
3	Subtract line 2e from line 1	3	1,279,129.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,279,129.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,600,755.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	14,306.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	3,981.
e	Add lines 2a through 2d	2e	18,287.
3	Subtract line 2e from line 1	3	1,582,468.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,582,468.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND

IS TO FUND THE ORGANIZATION'S PROGRAMS.

PART X, LINE 2: THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT

ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXATION UNDER THE PROVISIONS OF

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS USING THE

MORE-LIKELY-THAN-NOT APPROACH AS DEFINED IN THE ACCOUNTING STANDARDS

**Part XIV** Supplemental Information (continued)

CODIFICATION. NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED

IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATIONS 2008-2011 TAX

YEARS REMAIN OPEN AND SUBJECT TO EVALUATION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

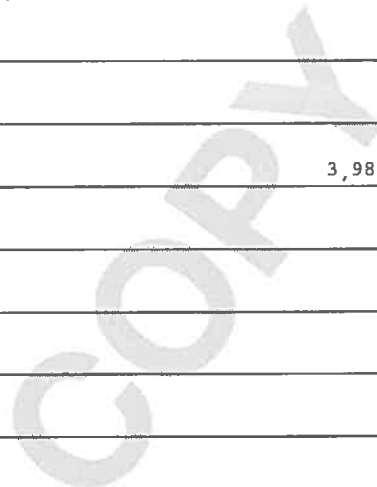
NET ASSETS ACCEPTED FROM MUSIC THEATRE OF LOUISVILLE -111,649.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 3,981.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 3,981.





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

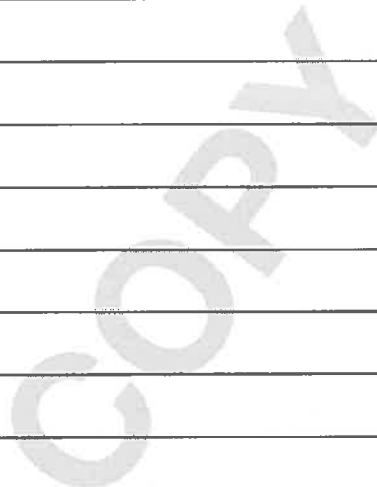
**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: STEVE ELLIS

(A) PURPOSE OF LOAN: OPERATING PURPOSES



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization	STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.	Employer identification number 61-0466715
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY, ENTERTAINING, AND PROFESSIONAL THEATER FOR YOUNG AUDIENCES AND  
BY FOSTERING AN APPRECIATION OF THE ARTS THAT DEVELOPS THE WHOLE CHILD,  
SUPPORTS THE LEARNING ENVIRONMENT AND BUILDS STRONG FAMILY BONDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND BUILDS STRONG FAMILY BONDS. TO PROVIDE EDUCATIONAL EXPERIENCES IN  
THE THEATRICAL ARTS THROUGH PROGRAMS DELIVERED IN THE CLASSROOM IN THE  
JEFFERSON COUNTY PUBLIC SCHOOL SYSTEM, GRADES K-12.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE

FINANCE DIRECTOR, A CPA KNOWLEDGABLE OF NOT-FOR-PROFIT ORGANIZATIONS AND  
FAMILIAR WITH THE FORM 990 REQUIREMENTS BEFORE THE RETURN WAS FILED. THE  
RETURN WAS ALSO REVIEWED BY THE CEO PRIOR TO ITS FILING. THE FORM 990 WAS  
PROVIDED TO THE ENTIRE GOVERNING BODY PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, MEMBERS OF THE BOARD OF

DIRECTORS ARE REQUIRED TO SIGN OFF THAT THEY HAVE READ AND ARE FAMILIAR  
WITH THE ORGANIZATIONS CONFLICT OF INTEREST POLICIES AND ARE REQUIRED TO  
DISCLOSE ANY KNOWN CONFLICTS OF INTEREST. THIS PROCEDURE WAS FIRST  
IMPLEMENTED AT THE ANNUAL MEETING IN JUNE 2009.

THE ORGANIZATION HAS IMPLEMENTED A PROCESS OF SOLICITING BIDS FROM

UNAFFILIATED VENDORS (SUCH AS INSURANCE) FOR EVALUATION BY THE EXECUTIVE

COMMITTEE AND COMPARISON TO THAT SUBMITTED BY BOARD MEMBERS IN CASES WHERE

A MEMBER OF THE BOARD PROPOSES TO PROVIDE GOODS OR SERVICES TO THE



Name of the organization	STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.	Employer identification number	61-0466715
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ORGANIZATION.

DUE TO THE SMALL NUMBER OF KEY EMPLOYEES IN THE ORGANIZATION, MONITORING IS PERFORMED ON AN INFORMAL BASIS THROUGH THE CLOSE CONTACT WITH AND ACTIVE PARTICIPATION BY THE OFFICERS OF THE BOARD OF DIRECTORS WITH THE CEO.

FORM 990, PART VI, SECTION B, LINE 15: FORM 990, PART VI, SEC. B, LINE 15

THE CEO'S COMPENSATION WAS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD IN JUNE, 2007 AFTER REVIEWING INDUSTRY COMPARABILITY DATA FOR THEATRE GROUPS OF SIMILAR SIZE AROUND THE COUNTRY. THE PROCESS WAS NOT DOCUMENTED, HOWEVER, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE EXECUTIVE DIRECTORS PERFORMANCE AND COMPENSATION IN APRIL OR MAY OF EACH YEAR AT THE TIME THE BUDGET FOR THE ENSUING FISCAL YEAR IS BEING REVIEWED. THE EXECUTIVE COMMITTEE ESTABLISHES PERFORMANCE GOALS FOR THE EXECUTIVE DIRECTOR WHICH ARE COMMITTED TO IN WRITING.

THE CEO USES INDUSTRY COMPARABILITY DATA, AMONG OTHER THINGS, TO DETERMINE COMPENSATION FOR DEPARTMENT HEADS. THE PROCESS IS INFORMAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

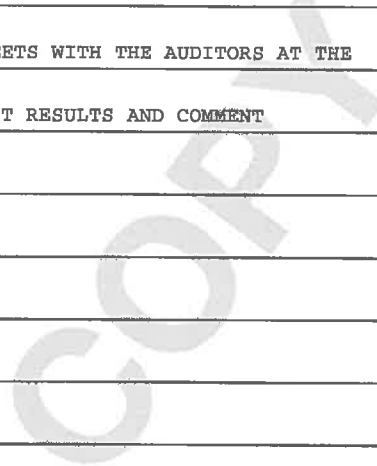
NET UNREALIZED LOSSES ON INVESTMENTS:	-467.
NET ASSETS ACCEPTED FROM MUSIC THEATRE OF LOUISVILLE	-111,649.
TOTAL TO FORM 990, PART XI, LINE 5	-112,116.

Name of the organization STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.

Employer identification number 61-0466715

FORM 990, PAGE 12, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. THE BOARD OF DIRECTORS APPOINTS AN AUDIT COMMITTEE ANNUALLY. PRIOR TO THE ENGAGEMENT OF THE AUDITORS, THE FINANCE DIRECTOR MAKES A RECOMMENDATION TO THE COMMITTEE BASED ON HIS KNOWLEDGE OF THE REPUTATION OF THE FIRM, THEIR EXPERTISE IN THE NOT-FOR-PROFIT INDUSTRY, THE QUALITY OF THEIR WORK, AND REASONABLENESS OF FEES. THE AUDIT COMMITTEE DISCUSSES THE RECOMMENDATION OF THE FINANCE DIRECTOR AND EITHER APPROVES OR REJECTS THE RECOMMENDATION. THE AUDIT COMMITTEE MEETS WITH THE AUDITORS AT THE CONCLUSION OF THE AUDIT TO DISCUSS THE AUDIT RESULTS AND COMMENT LETTER.







**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Sale of assets to related organization(s)		X
<b>g</b> Purchase of assets from related organization(s)		X
<b>h</b> Exchange of assets with related organization(s)		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>n</b> Sharing of paid employees with related organization(s)	X	
<b>o</b> Reimbursement paid to related organization(s) for expenses		X
<b>p</b> Reimbursement paid by related organization(s) for expenses		X
<b>q</b> Other transfer of cash or property to related organization(s)		
<b>r</b> Other transfer of cash or property from related organization(s)		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





ARTICLES OF INCORPORATION  
OF  
LOUISVILLE CHILDREN'S THEATER, INC.

ORIGINAL  
1948

We, the undersigned, in order to form a corporation for the purposes hereinafter stated under provisions of Chapter 273, Kentucky Revised Statutes, relating to religious, charitable and educational societies, do hereby certify as follows:

A. The name of the corporation is Louisville Children's Theater, Inc.

B. The purpose for which this corporation is organized is to educate children in the public and private schools of the City of Louisville and environs by presenting educational plays and theatrical performances. Emphasis will be placed on the presentation of such plays and theatrical performances tending not only to educate children, but to inspire their patriotism. The corporation and its purposes and operations shall not involve or produce any private pecuniary gain or profit.

In order to more conveniently carry out the above, it shall have the power to buy, sell, mortgage, lease and convey real and personal property necessary or incidental to the purposes set out above; to promote, manage, advertise, direct and operate theaters for the production of theatrical performances for children; to have a corporate seal and alter it at pleasure; to sue and be sued in its corporate name; to contract and be contracted with; to make by-laws not inconsistent with law; to promote the purposes for which it is formed in this State and elsewhere as may be permitted by law; to accept gifts and to carry out any terms, requests or conditions prescribed or made by the donor thereof; to become a member of any other religious, charitable or educational corporation organized under the laws of this State, or to become affiliated with other organizations of like character existing under the laws of this or another State. and any other powers necessary or incident to the



accomplishment of the purposes set out hereinabove.

C. The corporation shall have the right to incur such amount of indebtedness as its Board of Trustees may from time to time deem proper.

D. Any conveyance of real estate by the corporation shall be by deed under its corporate seal and shall be signed by the President and the Secretary of the Board of Trustees at the time of such transfer.

E. The duration of the corporation shall be perpetual, unless sooner dissolved according to law.

F. The principal office of the corporation is to be located in the City of Louisville, Jefferson County, Kentucky, and the name and address of its resident agent for service of process is:

Henning Hilliard  
419 W. Jefferson Street  
Louisville 2, Ky.

G. The governing authority of this corporation shall be a Board of Trustees consisting of not less than 3 nor more than 25 members who shall have the power, among other things, to adopt rules for the government and operation of the corporation; to employ and fix the compensation of agents for the conduct of the business of the corporation, and to select from among their number an executive committee consisting of not less than 3, nor more than 7 members for the normal administration of the business of the corporation.

H. The names and addresses of the trustees who are to serve until the election of their successors are as follows:

H. S. Wilder  
Route 1, Brownsboro Road  
Louisville, Ky.

Mrs. Harold Brigham  
428 So. First St.  
Louisville, Ky.

Mrs. J. H. Simpson, Jr.  
Route 1, Brownsboro Road  
Louisville, Ky.

I. The members and the trustees of this corporation shall not be personally liable for any debt or obligation of the corporation solely by a reason of being members or trustees.

IN TESTIMONY WHEREOF, Witness our signatures this 7<sup>th</sup> day of <sup>Avg.</sup> July, 1948.

N. S. Wilder  
Mrs J. H. Simpson Jr. - Al T. Simpson  
Mrs. Harold H. Brigham - Aue Gordon Brigham

STATE OF KENTUCKY  
COUNTY OF JEFFERSON

I, Henning Hilliard, a Notary Public, in and for the County and State aforesaid, do hereby certify that the foregoing Articles of Incorporation were this day produced to me by N. S. Wilder, Mrs. Harold Brigham and Mrs. J. H. Simpson, Jr., each of whom acknowledged same to be his or her act and deed for the purposes specified therein and consented that the same might be recorded.

IN TESTIMONY WHEREOF, I have hereunder set my hand and seal this 7<sup>th</sup> day of <sup>Avg.</sup> July, 1948.

My commission expires Oct. 17, 1949.



Henning Hilliard  
Notary Public, Jefferson County, Ky.

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FILED AND RECORDED

DATE AUG 10 1948

DATE

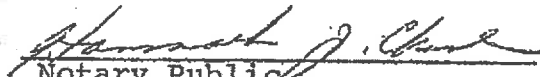
George Blain Wheeler  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

BY S. L. Ryan DEPUTY

STATE OF KENTUCKY     )  
                                  :  
COUNTY OF JEFFERSON )

I, a Notary Public, in and for the county and state aforesaid, hereby certify that H. Sheppard Musson, President of STAGE ONE: The Louisville Children's Theatre (formerly The Louisville Children's Theatre, Inc.) appeared before me, was sworn under oath and executed the above document in my presence, this 7<sup>th</sup> day of January, 1980.

My commission expires: 8/12/81.

  
Notary Public

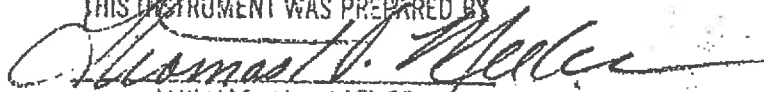
STATE OF KENTUCKY     )  
                                  :  
COUNTY OF JEFFERSON )

I, a Notary Public, in and for the county and state aforesaid, hereby certify that Mimi Middleton, Secretary of STAGE ONE: The Louisville Children's Theatre (formerly The Louisville Children's Theatre, Inc.) appeared before me, was sworn under oath and executed the above document in my presence, this 7<sup>th</sup> day of January, 1980.

My commission expires: 8/12/81

  
Notary Public

THIS INSTRUMENT WAS PREPARED BY



THOMAS H. MEEKER  
WYATT, GRAFTON, & SLOES  
TWENTY EIGHTH FLOOR CITICORP PLAZA  
LOUISVILLE, KY. 40202

SECRETARY OF STATE  
RECEIVED

FEB 11 1980

*en 400*

ARTICLES OF AMENDMENT TO  
THE ARTICLES OF INCORPORATION OF  
THE LOUISVILLE CHILDREN'S THEATRE, INC. COMMONWEALTH OF KENTUCKY

H. Sheppard Musson, President, and Mimi Middleton,  
Secretary of the Louisville Children's Theatre, Inc., a  
Kentucky non-profit corporation, with its principal office  
located in Louisville, Kentucky, do hereby certify that the  
following amendments to the Articles of Incorporation were  
adopted by a consent in writing as signed by all members of **161525**  
the Board of Directors entitled to vote with respect thereto.

Section A of the Articles of Incorporation was amended  
to read as follows:

The name of the corporation is STAGE ONE: The Louisville  
Children's Theatre, Inc.

~~Section F of the Articles of Incorporation was amended  
to read as follows:~~

~~The principal office of the corporation is to be located  
in the City of Louisville, Jefferson County, Kentucky, and  
the name and address of its resident agent for service of  
process is:~~

~~H. Sheppard Musson  
187 Westwind Road  
Louisville, Kentucky 40207~~

IN WITNESS WHEREOF, said H. Sheppard Musson, President, and  
Mimi Middleton, Secretary of STAGE ONE: The Louisville Children's  
Theatre (formerly The Louisville Children's Theatre, Inc.),  
acting for and on behalf of said corporation, have hereunto  
subscribed their names this 7<sup>th</sup> day of January, 1980.

ORIGINAL COPY

FILED

SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

FEB 11 1980

*H. Sheppard Musson*  
\_\_\_\_\_  
H. Sheppard Musson  
President

*Mimi Middleton*  
\_\_\_\_\_  
Mimi Middleton  
Secretary

*Carole Anne Hill*  
\_\_\_\_\_  
SECRETARY OF STATE

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE INC.</b>	
Business name, if different from above <b>STAGE ONE FAMILY THEATRE</b>	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other ▶ <b>NON-PROFIT ORG.</b> <input checked="" type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) <b>323 WEST BROADWAY, 3RD FLOOR</b>	Requester's name and address (optional)
City, state, and ZIP code <b>LOUISVILLE KY 40202</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
+   +	+   +

or

Employer identification number	
61-0466715	61-0466715

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Michael J. Jenkins</i>	Date ▶ 9/24/2012
------------------	--	------------------

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

**StageOne Family Theatre, Inc.**

**Financial Statements**

**Year Ended May 31, 2013**

DRAFT 12.27.13

**StageOne Family Theatre, Inc.**

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May 31, 2013

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Statement of Cash Flows .....	5
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DRAFT 12.27.13



## Independent Auditor's Report

To the Board of Directors  
**StageOne Family Theatre, Inc.**

We have audited the accompanying financial statements of StageOne Family Theatre, Inc. ("the Organization"), which comprise the statement of financial position as of May 31, 2013, and the related statements of activities and changes in net assets (deficit), and cash flows for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

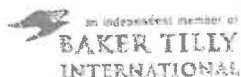
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit includes evaluating the appropriateness of accounting policies used and the reasonableness of significant estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence obtained is sufficient and appropriate to provide a basis for our audit opinion.



Mountjoy Chilton Medley LLP  
2600 Meidinger Tower | 462 South Fourth Street | Louisville, KY 40202  
P 502.749.1900 | F 502.749.1900  
888.597.1719 | www.mcmcpa.com

**Kentucky**  
**Indiana**  
**Ohio**



**Independent Auditor's Report (Continued)**

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of StageOne Family Theatre, Inc. as of May 31, 2013, the results of its activities, and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

**Restatement**

As described in Note M to the financial statements, the Organization identified a misstatement in prior years financial statements. Our opinion is not modified with respect to this matter.

Louisville, Kentucky  
DATE

DRAFT 12.27.13

**StageOne Family Theatre, Inc.**  
**Statement of Financial Position**  
**May 31, 2013**

**Assets**

Cash and cash equivalents	\$ 44,392
Accounts receivable	23,379
Prepaid and other	34,684
Pledges receivable	83,640
Investments	25,937
Property and equipment	<u>42,354</u>
 Total Assets	 <u>\$ 254,386</u>

**Liabilities and Net Assets**

**Liabilities**

Line of credit	\$ 248,225
Accounts payable and accrued expenses	159,661
Deferred revenue	36,009
Term loan	72,442
Capital lease obligation	<u>7,750</u>
 Total Liabilities	 524,087

**Commitments and Contingencies**

**Net Assets (Deficit)**

Unrestricted	(578,207)
Temporarily restricted	<u>308,506</u>
 Total Net Assets (Deficit)	 <u>(269,701)</u>
 Total Liabilities and Net Assets	 <u>\$ 254,386</u>

See accompanying notes.

**StageOne Family Theatre, Inc.**  
**Statement of Activities and Changes in Net Assets (Deficit)**  
**Year Ended May 31, 2013**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
<b>Revenues and Support</b>			
Ticket sales and fees	\$ 344,295	\$ -	\$ 344,295
Contributions and grants	829,402	258,506	1,087,908
Educational programs	87,924	-	87,924
In-kind gifts	5,089	-	5,089
Fundraising events	13,820	-	13,820
Novelty sales	2,513	-	2,513
Rental income	1,321	-	1,321
Miscellaneous	58,328	-	58,328
Interest	35	-	35
Net unrealized loss on investments	(205)	-	(205)
Net assets released from restrictions	243,651	(243,651)	-
<b>Total Revenues and Support</b>	<b>1,586,173</b>	<b>14,855</b>	<b>1,601,028</b>
<b>Expenses</b>			
<b>Program Services</b>			
Productions	902,886	-	902,886
Educational programs	151,936	-	151,936
<b>Total Program Services</b>	<b>1,054,822</b>	<b>-</b>	<b>1,054,822</b>
<b>Supporting Services</b>			
General and administrative	391,392	-	391,392
Fundraising	135,722	-	135,722
<b>Total Supporting Services</b>	<b>527,114</b>	<b>-</b>	<b>527,114</b>
<b>Total Expenses</b>	<b>1,581,936</b>	<b>-</b>	<b>1,581,936</b>
<b>Changes in Net Assets</b>	<b>4,237</b>	<b>14,855</b>	<b>19,092</b>
<b>Net Assets (Deficit) at Beginning of Year, as Restated</b>	<b>(582,444)</b>	<b>293,651</b>	<b>(288,793)</b>
<b>Net Assets (Deficit) at End of Year</b>	<b>\$ (578,207)</b>	<b>\$ 308,506</b>	<b>\$ (269,701)</b>

See accompanying notes.

**StageOne Family Theatre, Inc.**  
**Statement of Cash Flows**  
**Year Ended May 31, 2013**

Operating Activities	
Changes in Net Assets	\$ 19,092
Adjustments to reconcile changes in net assets to net cash provided by operating activities:	
Depreciation	19,340
Changes in:	
Accounts receivable	(4,300)
Prepaid expenses	17,823
Pledges receivable	22,849
Accounts payable and accrued expenses	(16,720)
Deferred revenue	(689)
Net Cash Provided by Operating Activities	57,395
Investing Activities	
Purchases of investments	(16,991)
Proceeds from sales of investments	2,161
Net Cash Used by Investing Activities	(14,830)
Financing Activities	
Payments on capital lease	(2,037)
Payments on related party advance	(50,000)
Payments on term loan	(10,418)
Net Cash Used by Financing Activities	(62,455)
Net Decrease in Cash and Cash Equivalents	(19,890)
Cash and Cash Equivalents at Beginning of Year	64,282
Cash and Cash Equivalents the End of Year	\$ 44,392
Supplemental Disclosure	
Cash paid for interest	\$ 13,546
Noncash Investing and Financing	
Equipment purchased under capital lease	8,925

See accompanying notes.

**StageOne Family Theatre, Inc.**  
**Notes to Financial Statements**  
**May 31, 2013**

**Note A - Nature of Organizations and Operations**

StageOne Family Theatre, Inc. ("SO" or "the Organization") is located in Louisville, KY and provides quality theatre experiences that engage, educate and entertain children and families.

**Note B - Summary of Significant Accounting Policies**

The significant accounting policies are described below to enhance the usefulness of the financial statements to the reader.

1. Basis of Accounting: The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The Accounting Standards Codification ("ASC") as produced by the Financial Accounting Standards Board ("FASB") is the sole source of authoritative accounting technical literature for nongovernmental entities.
2. Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates
3. Subsequent Events: Subsequent events for the Organization have been considered through the date of the Independent Auditor's Report which represents the date that the financial statements were available to be issued.
4. Donor-Imposed Restrictions: The Organization records and reports its assets, liabilities, net assets, revenues, expenses, gains and losses, and other support based on the existence or absence of donor-imposed restrictions.

The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restriction. Restricted contributions whose restrictions are met in the same reporting period are recorded as unrestricted contributions.

The Organization reports gifts as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Permanently restricted net assets include those contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled or otherwise removed by the actions of the Organization. The Organization has no permanently restricted net assets at May 31, 2013.

StageOne Family Theatre, Inc.  
Notes to Financial Statements (Continued)  
May 31, 2013

**Note B - Summary of Significant Accounting Policies (Continued)**

5. Contributed Services, Supplies, Property and Rent: Certain contributed services, supplies, property and rent are recorded as support and expenses or a related asset at fair value when determinable, otherwise at values indicated by the donor. The Organization received contributed services and supplies of \$5,089 during the year ended May 31, 2013.
6. Cash and Cash Equivalents: The Organization considers all highly liquid investments with a maturity when purchased of three months or less, that are not designated for a specific purpose, to be cash equivalents.
7. Accounts Receivable: Accounts receivable consist of amounts due for musical camps and ticket sales. The Organization provides an allowance for doubtful accounts which is based upon a review of outstanding receivables, historical collection information, and existing economic conditions. Accounts receivable are due 30 days after the date of sale. Accounts receivable past due more than 120 days are considered delinquent. Delinquent receivables are written off based on individual credit evaluation and specific circumstances of the customer. No allowance has been provided at May 31, 2013 as management considers all amounts to be fully collectible.
8. Investments: Investments in marketable securities are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net realized and unrealized gains and losses are reflected in the statements of activities and changes in net assets. Receipt of donated investments is recorded at the quoted market value of the investment at the time of donation.

Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would result in material changes in the fair value of investments and net assets of the Organization.

9. Property and Equipment: Property and equipment are recorded at cost. Donated assets are recorded at estimated fair value on the date of gift. Depreciation of property and equipment is provided over the estimated useful lives of the respective assets on a straight-line basis ranging from four to ten years. Depreciation expense was \$19,340 for the year ended May 31, 2013.
10. Deferred Revenue: Deferred revenue consists primarily of advance ticket sales and registration fees for performances and events in the following fiscal year.
11. Income Tax Status: The Organization is organized as a not-for-profit organization and is exempt from federal taxation under the provisions of Section 501(c)(3) of the Internal Revenue Code.

The Organization recognizes uncertain income tax positions using the "more-likely-than-not" approach as defined in the ASC. No liability for uncertain tax positions has been recorded in the accompanying financial statements. The Organization's 2009 - 2012 tax years remain open and subject to evaluation.

12. Advertising Costs: Advertising costs are expensed as incurred. Advertising costs totaled \$14,605 for the year ended May 31, 2013.

**StageOne Family Theatre, Inc.**  
**Notes to Financial Statements (Continued)**  
**May 31, 2013**

**Note C - Future Business Plans**

Prior to the year ended May 31, 2013, the Organization recognized decreases in net assets and negative cash flow from operations. The Organization currently has a negative current ratio. During 2013, management took several steps to reverse the negative trends. Management has continued to cut costs, including staff reductions, review of all productions, and improved budgeting and planning. Steps have been taken to increase revenue by reviewing productions to ensure they are hitting the target audience and reorganizing the development department to provide more focus on contributions and competitive grant solicitations. In addition, the Organization's board of directors has been restructured and the Organization is currently working with a fundraising consultant on a campaign to raise \$1,000,000 for operations. Management currently projects the Organization to have an increase in net assets for fiscal year end 2014.

**Note D - Pledges Receivable**

Pledges receivable at May 31, 2013 are due in less than one year. No provision for doubtful accounts has been made at May 31, 2013, as management considers all amounts to be fully collectible.

**Note E - Fair Value Measurements**

The ASC establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to the unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC are described below:

- Level 1 - Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities.
- Level 2 - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3 - Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the asset or liabilities. Level 3 includes values determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting the Organization's own assumptions.

The fair value of the Organization's investments is derived using quoted prices in active markets for identical assets. These inputs are classified within Level 1 of the valuation hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There have been no changes in the fair value methodologies used at May 31, 2013.

**StageOne Family Theatre, Inc.**  
**Notes to Financial Statements (Continued)**  
**May 31, 2013**

**Note E - Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value as of May 31, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 25,566	\$ -	\$ -	\$ 25,566
Common stock	<u>371</u>	<u>-</u>	<u>-</u>	<u>371</u>
Total Investments	<u>\$ 25,937</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 25,937</u>

**Note F - Property and Equipment**

Property and equipment at May 31, 2013 consists of the following:

Furniture, fixtures and equipment	\$ 80,363
Costumes and supplies	25,759
Computer hardware and software	23,235
Vehicles	9,455
Equipment acquired under capital lease	8,925
	<u>147,737</u>
Less accumulated depreciation	<u>(105,383)</u>
	<u>\$ 42,354</u>

**Note G - Line of Credit and Long Term Debt**

The Organization has a \$250,000 line of credit from Fund for the Arts. The line bears interest at 3.75% and is due May 31, 2014. The line is guaranteed by a member of the Board of Directors. At May 31, 2013, \$248,225 is outstanding on the line of credit.

The Organization has an unsecured term loan, bearing interest at 6.15%. The loan agreement provides that the Organization must make monthly payments of interest plus a monthly amount of principal, ranging from \$500 to \$1,500, in accordance with the loan repayment schedule, over the term of the loan. The loan matures May 9, 2016. The loan is guaranteed by a member of the Board of Directors. At May 31, 2013, \$72,442 was outstanding on the term loan.



StageOne Family Theatre, Inc.  
Notes to Financial Statements (Continued)  
May 31, 2013

**Note G - Line of Credit and Long Term Debt (Continued)**

Future minimum principal payments under the term loan are as follows:

<u>Year Ended</u>	<u>Amount</u>
2014	\$ 18,000
2015	18,000
2016	<u>36,442</u>
	<u>\$ 72,442</u>

**Note H - Capital Lease Obligation**

The Organization has a capital lease obligation for a copier. Terms of the lease require monthly payments of \$210, including interest at 6% through October 2016.

Future minimum lease payments under this arrangement are as follows:

<u>Year Ending May 31,</u>	<u>Amount</u>
2014	2,520
2015	2,520
2016	2,520
2017	<u>1,029</u>
	8,589
Less amount representing interest	<u>(839)</u>
	<u>\$ 7,750</u>

Amortization of property recorded under the capital lease obligation is included in depreciation expense.

**Note I - Temporarily Restricted Net Assets**

At May 31, 2013, the Organization had \$308,506 in temporarily restricted net assets available for 2014 programs.

**StageOne Family Theatre, Inc.**  
**Notes to Financial Statements (Continued)**  
**May 31, 2013**

**Note J - Leases**

Effective January 1, 2010, the Organization entered into a month to month operating lease at \$1,800 per month for storage and set construction space. Rent expense totaled \$21,600 for the year ended May 31, 2013.

The Organization paid rentals for the use of the Bomhard Theater in Kentucky Center for the Arts under short term rental agreements with the venue.

**Note K - Pension and Employee Benefit Plans**

The Organization is a participating employer in three separate trustee-managed multiemployer defined benefit pension plans for employees who participate in collective bargaining agreements ("the Plans"). The Plans generally provide retirement benefits to employees based on years of service while a member of the collective bargaining group and/or covered wages from participating employers. The Plans are each managed by a board of trustees. Although the Organization is not represented on any of the boards of trustees, other contributing employers may be members of the boards. Contributions of \$3,862 in 2013 were charged to pension expense for ongoing participation in these Plans.

The risks of participating in these Plans are different from single-employer plans because:

- Assets contributed to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to a plan, the unfunded obligations of that plan may be required to be borne by the remaining participating employers.
- If the Organization chooses to stop participating in one of its multiemployer plans, it may be required to pay a withdrawal liability to that plan.

In connection with ongoing renegotiation of collective bargaining agreements, the Organization could discuss and negotiate for the complete or partial withdrawal from one or more of the Plans. Depending on the number of employees withdrawn in any future period and the financial condition of the multiemployer plan at the time of withdrawal, the associated withdrawal liabilities could be material to the Organization's change in net assets in the period of the withdrawal. As of May 31, 2013, the Organization has no plans to withdraw from the Plans.

The Organization's participation in the Plans as of May 31, 2013, and for the year ended May 31, 2013 is outlined in the table below. The "EIN/Pension Plan Number" column provides the Employee Identification Number (EIN) and the three-digit plan number, if applicable. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. Plans in the Red zone are generally less than 65% funded, plans in the Yellow zone are generally greater than 65% but less than 80% funded, and plans in the Green are at least 80% funded.

StageOne Family Theatre, Inc.  
Notes to Financial Statements (Continued)  
May 31, 2013

Note K - Pension and Employee Benefit Plans (Continued)

Pension Fund	Equity-League Pension Trust Fund		United Scenic Artists Local 829 Pension Fund	
EIN/ Pension Plan Number	13-6696817-001		13-1982707-001	
Pension Protection Act Zone Status	May 31, 2012	Green	December 31, 2012	Green
FIP/ RP Status Pending/ Implemented	No		No	
Company Contributions - 2013	\$2,852		\$140	
Surcharge Imposed	No		No	
Greater than 5% Contributor to the Plan	No		No	
Expiration Date of Collective Bargaining Agreement	June 29, 2014		January 29, 2012	
Pension Fund	AFM & Employers' Pension Plan			
EIN/ Pension Plan Number	51-6120204-001			
Pension Protection Act Zone Status	March 31, 2012	Red		
FIP/ RP Status Pending/ Implemented	Yes / Implemented			
Company Contributions - 2013	\$870			
Surcharge Imposed	Yes			
Greater than 5% Contributor to the Plan	No			
Expiration Date of Collective Bargaining Agreement	May 31, 2014			

**StageOne Family Theatre, Inc.**  
**Notes to Financial Statements (Continued)**  
**May 31, 2013**

**Note K - Pension and Employee Benefit Plans (Continued)**

Under the terms of an agreement with various union organizations, the Organization is required to pay specific amounts to a welfare trust fund (under a defined contribution welfare plan) on behalf of actors, directors and designers as they are employed by the Organization. Welfare expense related to the union agreements was approximately \$28,090 for 2013.

**Note L - Concentrations**

At May 31, 2013, pledges from two donors represent 90% of gross pledges receivable and receivables from two customers represent 25% of accounts receivable. During the year ended May 31, 2013, the Organization received 41% of total contributions and grants from one donor.

**Note M – Prior Period Adjustment**

During the year ended May 31, 2013, the Organization identified a misstatement in prior years financial statements. Certain donations that had been classified as permanently restricted were determined to be unrestricted. The effect of the restatement on May 31, 2012 was a decrease in permanently restricted net assets and an increase in unrestricted net assets of \$20,840.

# StageOne

FAMILY THEATRE

## BOARD OF DIRECTORS

**Board Chair**  
Carl M. Thomas

**Directors**  
Laura Melillo Barnum  
Eric Benson  
Ashley Novak Butler  
Kristen Byrd  
David Calzi  
Thomas E. Dunbar  
Virginia Ferguson  
Tim Glasscock, DMA  
Lea Goff  
Brian D. Haehl  
Michelle Hawk Heit  
Elizabeth Kaplan  
Peggy Krug  
Carol Lambert  
Brandon Lawrence  
Cynthia Lewis  
Melissa Lowe  
Tess McNair  
Michael Merrick  
Ben Reno-Weber  
Leisa Schulz  
David Smith  
Jennifer Tuvlin

**Ex-Officio**  
Leslie Broecker

**Honorary Members**  
Mike Berry  
Stephen B. Ellis  
Chuck Chand  
Tom Ording

January 17, 2014

For your consideration, the following supplemental materials are included in addition to what is requested on the application form:

1. Because a portion of the funding being requested is for reimbursement of expenses incurred before the submission of this application, payroll records have been included as proof of this expenses.
2. A profit and loss statement for *the Glorious Adventures of the Mighty Robin Hood* has been included as further record of expenses for which the company is requesting funding.

Thank you for your time and consideration, we look forward to working with the Metro Council to help serve the students of our community.

323 W. Broadway,  
Suite 600,  
Louisville, KY 40202  
(502) 589-4060  
[www.stageone.org](http://www.stageone.org)



CLIENT 53462 STAGE ONE FAMILY THEATER - PAYROLL

EMPLOYEE	HOURS			EARNINGS			GROSS	TAXES	DEDUCTIONS	NET PAY
	REG	OT	CODED	REG	OT	CODED				
620 Performers Evans, Ben M. EE# 330	620			472.25		9.04 Media	481.29	29.84 SOC 6.98 MED 31.88 FITWH 21.70 KY	10.83 Equity	369.47 CH# 11874
Huffman, Jonathan P EE# 104	620			425.00			425.00	26.35 SOC 6.16 MED 37.14 FITWH 18.24 KY 9.35 KYLOUR		327.76 CH# 11875
Kerr, Paul T. EE# 249	620			425.00			425.00	26.35 SOC 8.16 MED 18.65 FITWH 13.14 IN 7.73 IN01OR 6.16 KYLOUN		346.81 CH# 11876
Patterson, Carrie Lee EE# 332	620			475.00		9.04 Media	484.04	30.01 SOC 7.02 MED 34.60 FITWH 22.18 IL 7.02 KYLOUN	10.88 Equity	372.32 CH# 11877
Roberts, Leah M EE# 309	620			452.00		9.04 Media	461.04	28.58 SOC 6.69 MED 42.55 FITWH 20.53 KY 10.14 KYLOUR	10.37 Equity	342.18 CH# 11878
Spradley, Shayla L EE# 333	620			452.00		9.04 Media	461.04	28.58 SOC 6.69 MED 42.55 FITWH 15.02 IN 4.42 IN062R 6.69 KYLOUN	10.37 Equity	346.72 CH# 11879

64001 Prod-Stage Manager

RATE REG OT CODED REG OT CODED

CLIENT 53462 STAGE ONE FAMILY THEATER - PAYROLL

EMPLOYEE	HOURS		EARNINGS		GROSS	TAXES	DEDUCTIONS	NET PAY
	REG	OT	REG	OT				
64005 Production Crew								
EE# 321							JUR	

CLIENT 53462 STAGE ONE FAMILY THEATER - PAYROLL

EMPLOYEE	HOURS		EARNINGS		GROSS	TAXES	DEDUCTIONS	NET PAY
	RATE	REG	OT	CODED				
<b>COMPANY TOTAL</b>	21.00	4,291.25		46.08 Media	4,337.31	285.96 SOC 62.22 MED 308.96 FITWH 22.18 IL 41.96 IN 106.85 KY 15.85 IN010R 4.42 IN082R 26.03 KYLOUN 55.93 KYLOUR	38.80 Dental 38.24 Equity 1.00 Funds 8.63 Vision	3,340.28 Checks 8 Dir-Dep 2
<b>TOTALS</b>					4,337.31	910.36	86.67	3,340.28

TAXABLE WAGES	RATE	RATE%	EMPLOYER LIABILITY
SOCER	4,289.88	6.20	265.96
MEDER	4,289.88	1.45	62.22
UNEKY	4,337.31	10.00	433.72
FITWH	4,289.88		
IL	484.04		761.90
IN	1,311.04		
KY	2,494.80		
IN010R	850.00		
IN082R	461.04		
KYLOUN	1,795.08		
KYLOUR	2,542.23		

*Handwritten:* 5012.54



STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202



**BEN M. EVANS**  
 1114 RAMMERS AVE  
 LOUISVILLE KY 40204

Check stub for the period **01/05/2014**  
 to **01/11/2014**  
 with a pay date of **Jan 9, 2014**

**EMPLOYEE AND TAX INFO**

Paycor EEID 1019-1119-9709-925

**OTHER INFO**

Payroll Check # 11874

Employee # 330 FITWH M 0  
 Department # 620 KY M 0  
 SSN [REDACTED]

WEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$
Salary			472.25		472.25	Equity	10.83	10.83	FITWH	31.88	31.88
Media			9.04		9.04				MED	6.98	6.98
									SOC	29.84	29.84
									KY	21.70	21.70
									KYLOUR	10.59	10.59
<b>NET</b>	<b>369.47</b>	<b>TOTALS</b>	<b>481.29</b>		<b>481.29</b>		<b>10.83</b>	<b>10.83</b>		<b>100.99</b>	<b>100.99</b>

**THIS IS NOT A CHECK. THIS DOCUMENT IS TO BE USED FOR INFORMATIONAL PURPOSES ONLY.**

21-10/830

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202

Check # 11874  
 Date 01/09/2014

Pay this Amount

THREE HUNDRED SIXTY-NINE & 47/100 DOLLARS\*\*\*

\$\*\*\*\*\*369.47

Pay to the  
 Order of

**BEN M EVANS**  
 1114 RAMMERS AVE  
 LOUISVILLE KY 40204

620

**VOID**

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202



**JONATHAN P HUFFMAN**  
 539 W ST CATHERINE  
 LOUISVILLE KY 40203

Check stub for the period **01/05/2014**  
 to **01/11/2014**  
 with a pay date of **Jan 9, 2014**

**EMPLOYEE AND TAX INFO** Paycor EEID 1187-0867-7024-104 **OTHER INFO** Payroll Check # 11875

Employee # 104 FITWH S 1  
 Department # 620 KY S 1

WEEKLY	RATE	HOURLY/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$
Salary			425.00		425.00				FITWH MED SOC KY KYLOUR	37.14 6.16 28.35 18.24 9.35	37.14 6.16 28.35 18.24 9.35
<b>NET</b>	<b>327.76</b>	<b>TOTALS</b>	<b>425.00</b>		<b>425.00</b>					<b>97.24</b>	<b>97.24</b>

**THIS IS NOT A CHECK. THIS DOCUMENT IS TO BE USED FOR INFORMATIONAL PURPOSES ONLY.**

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202

21-10/830

Check # 11875  
 Date 01/09/2014

Pay this Amount

THREE HUNDRED TWENTY-SEVEN & 76/100 DOLLARS\*\*\*

\$\*\*\*\*\*327.76

Pay to the  
 Order of

**JONATHAN P HUFFMAN**  
 539 W ST CATHERINE  
 LOUISVILLE KY 40203

620

**VOID**

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202



PAUL T. KERR  
 16 LAKESHORE DRIVE  
 CLARKSVILLE IN 47129

Check stub for the period 01/05/2014  
 to 01/11/2014  
 with a pay date of Jan 9, 2014

EMPLOYEE AND TAX INFO Paycor EEID 2534-5790-9311-956 OTHER INFO Payroll Check # 11876

Employee # 249 FITWH M 1  
 Department # 620 IN M 2

WEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$
Salary			425.00		425.00				FITWH MED SOC IN IN010R KYLOUN	18.65 6.16 26.35 13.14 7.73 6.16	18.65 6.16 26.35 13.14 7.73 6.16
<b>NET</b>			346.81	<b>TOTALS</b>			425.00			78.19	78.19

**THIS IS NOT A CHECK. THIS DOCUMENT IS TO BE USED FOR INFORMATIONAL PURPOSES ONLY.**

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202

21-10/830

Check # 11876  
 Date 01/09/2014

Pay this Amount

THREE HUNDRED FORTY-SIX & 81/100 DOLLARS\*\*\*

\$\*\*\*\*\*346.81

Pay to the  
 Order of

PAUL T KERR  
 16 LAKESHORE DRIVE  
 CLARKSVILLE IN 47129

620

**VOID**

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202



**CARRIE LEE PATTERSON**  
 1310 W NORTH SHORE AVE 1  
 CHICAGO IL 60626

Check stub for the period **01/05/2014**  
 to **01/11/2014**  
 with a pay date of **Jan 9, 2014**

**EMPLOYEE AND TAX INFO** *Paycor EEID 2687-5258-9523-291* **OTHER INFO** *Payroll Check # 11877*

Employee # 332  
 Department # 620  
~~XXXXXXXXXX~~  
 FITWH S 2  
 IL S 1

WEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$
Salary			475.00		475.00	Equity	10.89	10.89	FITWH	34.60	34.60
Media			9.04		9.04				MED	7.02	7.02
									SOC	30.01	30.01
									IL	22.18	22.18
									KYLOUN	7.02	7.02
<b>NET</b>	<b>372.32</b>	<b>TOTALS</b>	<b>484.04</b>		<b>484.04</b>		<b>10.89</b>	<b>10.89</b>		<b>100.83</b>	<b>100.83</b>

**THIS IS NOT A CHECK. THIS DOCUMENT IS TO BE USED FOR INFORMATIONAL PURPOSES ONLY.**

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202

21-10/830  
 Check # 11877  
 Date 01/09/2014

Pay this Amount

THREE HUNDRED SEVENTY-TWO & 32/100 DOLLARS\*\*\*

\$\*\*\*\*\*372.32

Pay to the  
 Order of

CARRIE LEE PATTERSON  
 1310 W NORTH SHORE AVE 1  
 CHICAGO IL 60626

620

**VOID**

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202



LEAH M ROBERTS  
 221 N CLIFTON AVE 32  
 LOUISVILLE KY 40206

Check stub for the period 01/05/2014  
 to 01/11/2014  
 with a pay date of Jan 9, 2014

**EMPLOYEE AND TAX INFO** Paycor EEID 7908-5382-6270-27 **OTHER INFO** Payroll Check # 11878  
 Employee # 309 FITWH S 1  
 Department # 620 KY S 0

WEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$
Hourly Media			452.00 9.04		452.00 9.04	Equity	10.37	10.37	FITWH MED SOC KY KYLOUF	42.55 6.69 28.58 20.53 10.14	42.55 6.69 28.58 20.53 10.14
<b>NET</b>	<b>342.18</b>	<b>TOTALS</b>	461.04		461.04		10.37	10.37		108.49	108.49

**THIS IS NOT A CHECK. THIS DOCUMENT IS TO BE USED FOR INFORMATIONAL PURPOSES ONLY.**

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202

21-10/830

Check # 11878  
 Date 01/09/2014

Pay this Amount

THREE HUNDRED FORTY-TWO & 18/100 DOLLARS\*\*\*

\$\*\*\*\*\*342.18

Pay to the  
 Order of

LEAH M ROBERTS  
 221 N CLIFTON AVE 32  
 LOUISVILLE KY 40206

620

**VOID**

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202



SHAYLA L SPRADLEY  
 9424 ASHWORTH DR  
 EVANSVILLE IN 47725

Check stub for the period 01/05/2014  
 to 01/11/2014  
 with a pay date of Jan 9, 2014

EMPLOYEE AND TAX INFO

Paycor EEID 2247-4569-5769-374

OTHER INFO

Payroll Check # 11879

Employee # 333 FITWH S 1  
 Department # 620 IN S 1  
 SSN [REDACTED]

WEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$
Salary			452.00		452.00	Equity	10.37	10.37	FITWH	42.55	42.55
Media			9.04		9.04				MED	6.69	6.69
									SOC	28.58	28.58
									IN	15.02	15.02
									IN082R	4.42	4.42
									KYLOUN	6.69	6.69
NET	346.72	TOTALS	461.04		461.04		10.37	10.37		103.95	103.95

THIS IS NOT A CHECK. THIS DOCUMENT IS TO BE USED FOR INFORMATIONAL PURPOSES ONLY.

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202

21-10/830

Check # 11879  
 Date 01/09/2014

Pay this Amount

THREE HUNDRED FORTY-SIX & 72/100 DOLLARS\*\*\*

\$\*\*\*\*\*346.72

Pay to the  
 Order of

SHAYLA L SPRADLEY  
 9424 ASHWORTH DR  
 EVANSVILLE IN 47725

620

**VOID**

[My Accounts](#)

[Transfer Funds](#)

[Pay Bills](#)

[Alerts](#)

[Business Tools](#)

[Summary](#)

[Account Activity](#)

### Account Activity

*What's your cash position today, tomorrow, next year?*  
See for yourself right now with Cash Flow Insight<sup>SM</sup>

StageOne Payroll XXXXXX7782 ▼

Available Balance: \$3,912.43 ⓘ

[Account Activity](#) | [Online Statements](#)

#### Pending Transactions

Date	Description	Withdrawals	Deposits
01/22/2014	ONLINE BANKING TRANSFER DEPOSIT		\$6,031.80
01/22/2014	ACH DEBIT PAYCOR INC.	\$1,935.28	
01/22/2014	ACH DEBIT PAYCOR INC.	\$3,615.66	

#### Posted Transactions

Date	Description	Withdrawals	Deposits	Balance
01/21/2014	CHECK 11869 075028864	\$162.47		\$3,431.57
01/17/2014	CHECK 11882 072214684	\$369.47		\$3,594.04
01/17/2014	CHECK 11881 039461324	\$338.66		\$3,963.51
01/17/2014	CHECK 11880 039461327	\$129.26		\$4,302.17
01/17/2014	CHECK 11879 039461330	\$346.72		\$4,431.43
01/17/2014	CHECK 11878 039461325	\$342.18		\$4,778.15
01/17/2014	CHECK 11877 039461326	\$372.32		\$5,120.33
01/17/2014	CHECK 11876 039461328	\$346.81		\$5,492.65
01/17/2014	CHECK 11875 039461329	\$327.76		\$5,839.46
01/17/2014	CHECK 11874 039461331	\$369.47		\$6,167.22
01/17/2014	CHECK 11883 070870249	\$391.35		\$6,536.69
01/17/2014	DEPOSIT XXXXX1323		\$2,573.18	\$6,928.04
01/17/2014	ONLINE TRANSFER FROM XXXXX6402		\$258.04	\$4,251.96

# EQUITY LEAGUE PENSION, HEALTH & 401(K) WEEKLY CONTRIBUTION REPORT and ACTORS' EQUITY ASSOCIATION DUES REPORT

Producing Org: **Bornhard Theatre** Stage One: **Lou Child Theatre** Empl. Agreement No. **0399000656** City **Louisville** State **KY**

Name of Theatre: **The Mighty Adventures of Robin Hood** Show No. **3** Date of 1st Rehearsal **1.7.14** Fund Office Contact ID No. **KY**

Report for Week Ending **1.19.14** Page 1 of 1 (e.g., 1/1) Closing Date **2.28.14** A (Amended), H (Haltus) -> Enter Wkly (W), Daily (D), or Per(Perf) -> **KY**

Opening Date **1.28.14** Contract Type **TYAW** If either apply, enter REP or TOUR ->

Actors on Equity Contract (include S.M.s) Performing This Week (in Alphabetical Order)

Last Name	First Name	Type of Contract	No. of Rehearsals	No. of Performances	Gross Weekly Payments	Total Weekly Pensionable Payments	401(K) Deferral %	401(K) Deferral Contrib.	401(K) Employer Contrib. %	COMMENTS
Evans	Ben	W			\$481.29	\$481.29		\$0.00		ASM
Patterson	Carrie	W			\$484.04	\$484.04		\$0.00		
Roberts	Leah	W			\$461.04	\$461.04		\$0.00		SM
Spradley	Shayla	W			\$461.04	\$461.04		\$0.00		

*Actors Only: (Removal of stagings)*

*Health: \$175X4 = \$700*

*Pension: \$1087.41 X 35% = \$442.47*

*Dues: \$1887.41 X 2.25% = \$42.47*

*All gross weekly payments include media fee of 9.04.*

Non Professionals in Cast

LAST NAME	FIRST NAME	Function (PR) (CH) (UN) (PA)	Status (EMC) (LJ) (ST)	LAST NAME	FIRST NAME	Function (PR) (CH) (UN) (PA)	Status (EMC) (LJ) (ST)
Huffman, Jon							
Kerr, Pual							

*Paid \$425.00 each*

EQUITY OFFICE USE ONLY

Tot Payroll	Pension Check No.	Ant Received	Return First Page and Fund Payments To:
			<b>EQUITY LEAGUE ACCOUNTS RECEIVABLE</b>
Postg Date	Health Check No.	Ant Received	165 W 48th Street
MULTIPLE WEEK END <input type="checkbox"/>	401(K) Check No.	Ant Received	NEW YORK, NY 10036

Place X in Appropriate Box Below (Fund Office Copy Goes To PO Box Above, Actors' Equity Membership & Contract Copies to Appropriate AEA Regional Office)

Fund Office Copy  Actors' Equity Assn. - Membership Copy  Date \_\_\_\_\_

Completed by **Cassandra Zaberco** Signed \_\_\_\_\_ Actors' Equity Assn. - Contracts Copy  Phone **502-585-9411**

SEND DUES TO: ACTORS' EQUITY REGIONAL OFFICE



Privacy Security Sign Off

Last Sign On: Wednesday, January 15, 2014 at 11:17 a.m.  
Email: mbrooks@stageone.org Edit

- My Accounts
  - Transfer Funds
  - Pay Bills
  - Alerts
  - Business Tools
  - Customer Service
  - My Offers
- Summary Account Activity

Account Activity

**What's your cash position today, tomorrow, next year?**  
See for yourself right now with Cash Flow Insight<sup>SM</sup>



StageOne Payroll XXXXX7782

Available Balance: \$4,173.30

Account Activity | Online Statements

Printer Friendly Page

Pending Transactions

Date	Description	Withdrawals	Deposits
01/15/2014	ONLINE BANKING TRANSFER DEPOSIT		\$6,213.24
01/15/2014	ACH DEBIT PAYCOR INC.	\$3,222.29	
01/15/2014	ACH DEBIT PAYCOR INC.	\$2,012.76	

Account Summary

Account Alerts

Available Balance:	\$4,173.30
Ledger Balance:	\$3,195.11
Pending Withdrawals:	\$5,235.05
Pending Deposits:	\$6,213.24
Last Deposit Amount:	\$6,213.24 01/15/2014
Last Statement Balance:	\$2,783.18 12/31/2013

Posted Transactions

Date	Description	Withdrawals	Deposits	Balance
01/10/2014	CHECK 11873 071869919	\$670.81		\$3,195.11
01/10/2014	CORPORATE ACH 168023895429670 PAYCOR INC. SVC-PAYCOR	\$150.54		\$3,865.92
01/09/2014	CORPORATE ACH 162801422190109 PAYCOR INC. DD - FUND	\$14,631.55		\$4,016.46
01/09/2014	CORPORATE ACH 151108424072718 PAYCOR INC. TAX FUND	\$1,672.26		\$18,648.01
01/09/2014	CORPORATE ACH 154158932020008 PAYCOR INC. TAX FUND	\$9,170.76		\$20,320.27
01/08/2014	CORPORATE ACH 187486951117779 PAYCOR INC. DD - FUND	\$767.10		\$29,491.03
01/08/2014	ONLINE TRANSFER FROM XXXX6492		\$24,473.12	\$30,258.13
01/08/2014	ONLINE TRANSFER FROM XXXX6492		\$5,163.08	\$5,785.01
01/07/2014	CHECK 11867 075383997	\$717.44		\$621.93
01/07/2014	CHECK 11870 074222282	\$437.50		\$1,339.37
01/06/2014	CORPORATE ACH 134754073995478 PAYCOR INC. SVC-PAYCOR	\$489.25		\$1,776.87
01/03/2014	CHECK 11872 077627161	\$468.60		\$2,266.12
01/03/2014	CORPORATE ACH 113623105117310 PAYCOR INC. SVC-PAYCOR	\$61.08		\$2,734.72
01/03/2014	CORPORATE ACH 238205123246128 PAYCOR INC. TAX FUND	\$476.63		\$2,795.80
01/03/2014	ONLINE TRANSFER FROM XXXX6492		\$489.25	\$3,272.43
12/31/2013	CORPORATE ACH 624628525109110 PAYCOR INC. DD - FUND	\$475.49		\$2,783.18
12/31/2013	CHECK 11866 075784491	\$682.35		\$3,258.67
12/31/2013	ONLINE TRANSFER FROM XXXX6492		\$1,420.72	\$3,941.02
12/27/2013	CHECK 11868 071390531	\$67.23		\$2,520.30
12/26/2013	CORPORATE ACH 272444087502897 PAYCOR INC. DD - FUND	\$13,910.99		\$2,607.53
12/26/2013	CORPORATE ACH 101990879172501 PAYCOR INC. SVC-PAYCOR	\$113.18		\$16,518.52
12/26/2013	CORPORATE ACH 149814319679933 PAYCOR INC. TAX FUND	\$6,397.40		\$16,631.70
12/24/2013	CHECK 11862 076422897	\$582.54		\$23,029.10
12/24/2013	CHECK 11857 075309857	\$315.84		\$23,811.64
12/24/2013	CORPORATE ACH 100976058170312 PAYCOR INC. DD - FUND	\$500.83		\$23,927.48

Additional Information

Nickname:	StageOne Payroll	Edit
Type:	Non-Profit Checking	
Text Banking:	Not Enrolled	Edit
Nickname:		
Address:	323 W BROADWAY STE 600 LOUISVILLE, KY 40202 - 3162	Edit

Account Services

- Set up Overdraft Protection
- Try Cash Flow Insight

CLIENT 53462 STAGE ONE FAMILY THEATER - PAYROLL

EMPLOYEE	HOURS			EARNINGS			GROSS	TAXES	DEDUCTIONS	NET PAY
	RATE	REG	OT	CODED	REG	OT				
620 Performers Evans, Ben M. EE# 330	620				472.25		481.29	29.84 SOC 6.98 MED 31.88 FITWH 21.70 KY	10.83 Equity	389.47 CH# 11882
Huffman, Jonathan P EE# 104	620				425.00		425.00	28.35 SOC 6.18 MED 37.14 FITWH 18.24 KY		327.76 DD# 1014116780
Kerr, Paul T. EE# 249	620				425.00		425.00	26.35 SOC 6.18 MED 18.65 FITWH 13.14 IN 7.73 INO10R 6.18 KYLOUN		346.81 DD# 1014116781
Patterson, Carrie Lee EE# 332	620				475.00		484.04	30.01 SOC 7.02 MED 34.60 FITWH 22.16 IL 7.02 KYLOUN	10.89 Equity	372.34 DD# 1014116782
Roberts, Leah M EE# 309	620				452.00		461.04	28.58 SOC 6.89 MED 42.55 FITWH 20.53 KY 10.14 KYLOUN	10.37 Equity	342.18 DD# 1014116783
Spradley, Shayla L EE# 333	620				452.00		461.04	28.58 SOC 6.89 MED 42.55 FITWH 15.02 IN 4.42 INO82R 6.89 KYLOUN	10.37 Equity	346.72 DD# 1014116784
64001 Prod. Stage Manager	RATE	REG	OT	CODED	REG	OT	CODED			

CLIENT 53462 STAGE ONE FAMILY THEATER - PAYROLL

EMPLOYEE	HOURS			EARNINGS			GROSS	TAXES	DEDUCTIONS	NET PAY
	RATE	REG	OT	CODED	REG	OT				
64005 Production Crew										



WEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$	NET
Salary			472.25			Equity	944.50	18.08		31.88	21.66	
Media			9.04							10.59	21.66	
										21.70	100.99	
										29.84	100.99	
										43.40	201.98	
										59.68	201.98	
										13.96	201.98	
										63.76	201.98	
												369.47
TOTALS												

EE # 330 BEN M. EVANS DEPT # 620 EID 1019-1119-9709-925  
 STAGE ONE FAMILY THEATER 323 WEST BROADWAY SUITE 600 LOUISVILLE KY 40202  
 PERIOD: 01/12/2014 TO 01/18/2014

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202  
 Check # 11882 Date 01/16/2014  
 Pay this Amount \$\*\*\*\*\*369.47

Pay to the Order of  
 BEN M EVANS  
 1114 RAMMERS AVE  
 LOUISVILLE KY 40204  
 PNC BANK, KENTUCKY, INC.

⑈00011882⑈ ⑆083000108⑆ ⑆3021437782⑈

FOLD AND REMOVE Paycom

FOLD AND REMOVE Paycom





Pay to the  
Order of

CARRIE LEE PATTERSON  
1310 W NORTH SHORE AVE 1  
CHICAGO IL 60626

DIRECT DEPOSIT \$372.34  
TO ACCOUNT # XXXXX3277  
BANK # XXXXX0613  
NON-NEGOTIABLE

DD 620

\*\*NON-NEGOTIABLE\*\* DIRECT DEPOSIT RECEIPT \*\*  
VOID \*\* VOID \*\*

Pay this Amount

Direct Deposit Receipt # 1041416782  
Date: 01/16/2014

STAGE ONE FAMILY THEATER  
323 WEST BROADWAY SUITE 800  
LOUISVILLE KY 40202

DO NOT ACCEPT THIS CHECK OR ANY CONTAINING PRESS OR OTHER SECURITY FEATURES ARE KEPT ON FILE

WEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$	OTHER INFORMATION
Salary			475.00				10.89	21.78		34.60	69.20	FTWH S 2
Media			9.04							7.02	14.04	IL S 1
TOTALS			484.04				10.89	21.78		100.81	201.84	NET
												372.34

FOLD AND REMOVE Paycor.

FOLD AND REMOVE Paycor.

EE # 332 CARRIE LEE PATTERSON DEPT # 620  
EID 2687-5258-9523-291  
STAGE ONE FAMILY THEATER 323 WEST BROADWAY SUITE 800 LOUISVILLE KY 40202  
Period: 01/12/2014 to 01/18/2014  
Direct Deposit Receipt 1041416782 Pay Date: 01/16/2014



WEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$	OTHER INFORMATION
Hourly			452.00		904.00	Equity	10.37	20.74	FTWH MED SOC KY KYLOUNF	42.56 6.69 28.58 41.06 20.28	108.49	
TOTALS			461.04		922.08		10.37	20.74		216.98	342.18	NET

EE # 309 LEAH M ROBERTS  
 STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202  
 DEPT # 620  
 Period: 01/12/2014 to 01/18/2014  
 Direct Deposit Receipt 1014116783 Pay Date: 01/16/2014

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202  
 Direct Deposit Receipt # 1014116783 Date 01/16/2014  
 Pay this Amount

\*\* NON-NEGOTIABLE \*\* DIRECT DEPOSIT RECEIPT \*\*  
 VOID \*\* VOID \*\*  
 LEAH M ROBERTS  
 221 N CLIFTON AVE 32  
 LOUISVILLE KY 40206  
 Order of  
 Pay to the  
 BANK # XXXXX0137  
 TO ACCOUNT # XXXXX9919  
 DIRECT DEPOSIT \$342.18  
 NON-NEGOTIABLE

▶ FOLD AND REMOVE Payor

▶ FOLD AND REMOVE Payee

WEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	TAX	CURRENT \$	YTD \$	OTHER INFORMATION
Salary			452.00								
Media			9.04								
			18.08								
			904.00								
			Equity								
			10.37								
			20.74								
			FTWH								
			MED								
			SOC								
			IN								
			IN082R								
			KYLOUN								
			42.55								
			6.69								
			28.58								
			15.02								
			4.42								
			6.69								
			13.38								
			57.16								
			30.04								
			8.84								
			13.38								
			85.10								
			FTWH S 1								
			INS 1								
			207.90								
			NET								
			346.72								

STAGE ONE FAMILY THEATER  
 323 WEST BROADWAY SUITE 600  
 LOUISVILLE KY 40202

Direct Deposit Receipt # 1014116784  
 Date 01/16/2014

Pay this Amount

NON-NEGOTIABLE \*\* DIRECT DEPOSIT RECEIPT \*\*

VOID \*\* VOID \*\*

Pay to the order of  
 SHAYLA L SPRADLEY  
 9424 ASHWORTH DR  
 EVANSVILLE IN 47726

620 DD

NON-NEGOTIABLE

DIRECT DEPOSIT \$346.72  
 TO ACCOUNT # XXXXXXXXX2885  
 BANK # XXXXXX8108

FOLD AND REMOVE Paycom

FOLD AND REMOVE Paycom

# EQUITY LEAGUE PENSION, HEALTH & 401(K) WEEKLY CONTRIBUTION REPORT and ACTORS' EQUITY ASSOCIATION DUES REPORT

Producing Org: **StageOne/Lou Child Theatre** Empl. Agreement No. **0399000656** City: **Louisville** State: **KY**

Name of Theatre: **Bomhard Theatre** Show No: **3** Date of 1st Rehearsal: **1.7.14** Contract Type: **TYAW** Fund Office Contact ID No. **11**

Show: **The Mighty Adventures of Robin Hood** Page 1 of 1 (e.g. 1/1) A (Attendance), H (Holidays) -> Enter Wkly (W), Daily(D), or PerPart(P) If either apply, enter REP or TOUR ----->

Report for Week Ending **1.12.14** Closing Date **2.28.14**

Opening Date **1.28.14**

Actors on Equity Contract (include S.M.s) Performing This Week (in Alphabetical Order)

Last Name	First Name	Type of Contract	No. of Rehearsals	No. of Performances	Gross Weekly Payments	Total Weekly Pensionable Payments	401(K) Deferral %	401(K) Deferral Contrib	401(K) Employer Contrib %	COMMENTS
Evans	Ben	W			\$481.29	\$481.29	\$0.00	\$0.00		ASM
Patterson	Carrie	W			\$484.04	\$484.04	\$0.00	\$0.00		
Roberts	Leah	W			\$461.04	\$461.04	\$0.00	\$0.00		SM
<del>Spardley</del>	<del>Shayla</del>	W			\$461.04	\$461.04	\$0.00	\$0.00		

*Actors Only Removal of Stage Night*

*Health: 175 X 4 = \$700*

*Dues: 1887.41 X 2.25% = \$42.47*

*Pension: 1887.41 X 3.5% = \$66.06*

No. Actors w/ Hth Contribs: **5** TOTALS in Cols. 7, 8 & 10 (calculated automatically)

Health Contrib Rate \$: **\$175.00** Working Dues 2.25% of Total Gross Wkly Pmts (Col. 7): **\$56.21** Tax Relief -> **\$0.00** Tot. Er 401: **\$0.00**

Total Health Contribution: **\$875.00** Pension %: **3.50%** X Total of Column 8: **\$2,498.20** Tax Relief -> **\$0.00** T Non-def: **\$0.00**

NON PROFESSIONALS IN CAST

LAST NAME,	FIRST NAME	(PR) (CH) (UN) (PA)	(EMC) (LJ) (ST)	LAST NAME,	FIRST NAME	(PR) (CH) (UN) (PA)	(EMC) (LJ) (ST)
Huffman, Jon							
Kerr, Pual							

*Paid \$425.00 each*

### EQUITY OFFICE USE ONLY

Return First Page and Fund Payments To:

EQUITY LEAGUE ACCOUNTS RECEIVABLE

165 W 46th Street

NEW YORK, NY 10036

Place X in Appropriate Box Below (Fund Office Copy Goes To PO Box Above, Actors' Equity Membership & Contract Copies to Appropriate AEA Regional Office)

Fund Office Copy  Actors' Equity Assn. - Membership Copy  Date \_\_\_\_\_

Completed by **Cassandra Zabenco** Signed \_\_\_\_\_

SEND DUES to: ACTORS' EQUITY REGIONAL OFFICE

Phone 502-585-9411

Vendor	ACTORS01	Check Date	1/9/2014	Check Number	003852
Ref Nbr	0033392	Inv Date	1/8/2014	Invoice Amount	56.21
	wkend 1-5-14			Amount Paid	56.21
				Disc Taken	0.00
				Net Check Amt	56.21

*Working Dues*

LAP78 AP CHECK



Vendor EQUITY01

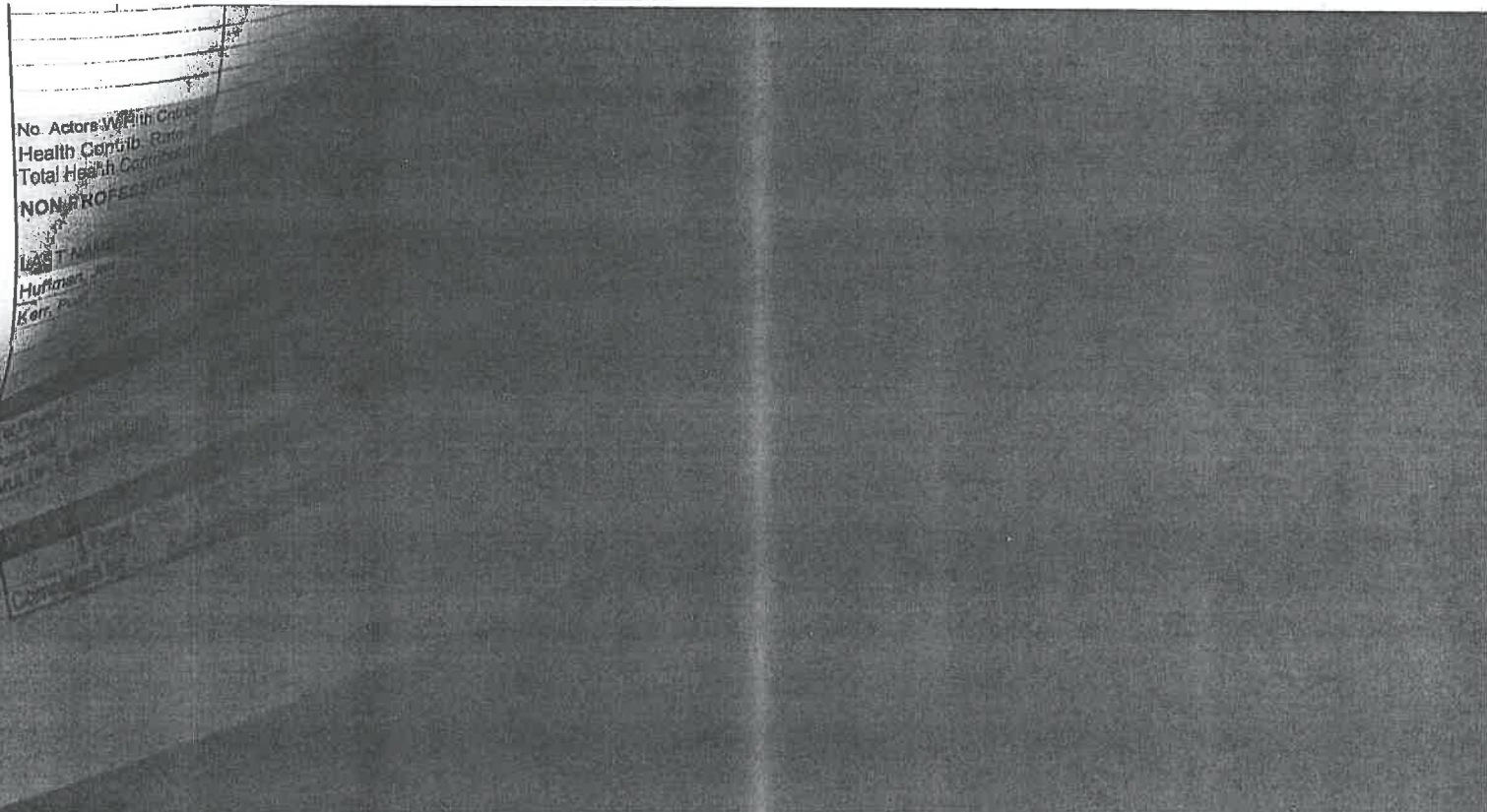
Check Date 1/9/2014

Check Number 003858

<u>Ref Nbr</u>	<u>Inv Nbr</u>	<u>Inv Date</u>	<u>Invoice Amount</u>	<u>Amount Paid</u>	<u>Disc Taken</u>	<u>Net Check Amt</u>
<del>003393</del>	<del>wkend 1-5</del>	<del>1/8/2014</del>	<del>962.44</del>	<del>962.44</del>	0.00	
003393	wkend 1-12-14	1/8/2014	962.44	962.44	0.00	1158.82

↑  
Pension & Health Insurance

LAP78 AP CHECK




Privacy Security Sign Off

Last Sign On: Wednesday, January 15, 2014 at 11:17 a.m.  
Email: mbrooks@stageone.org Edit

- My Accounts
  - Transfer Funds
  - Pay Bills
  - Alerts
  - Business Tools
  - Customer Service
  - My Offers
- Summary Account Activity

Account Activity

**What's your cash position today, tomorrow, next year?**  
See for yourself right now with Cash Flow Insight™



Try it at no cost ▶

StageOne Payroll XXXXX7782

Available Balance: \$4,173.30

Account Activity | Online Statements

Printer Friendly Page

Pending Transactions

Date	Description	Withdrawals	Deposits
01/15/2014	ONLINE BANKING TRANSFER DEPOSIT		\$6,213.24
01/15/2014	ACH DEBIT PAYCOR INC.	\$3,222.29	
01/15/2014	ACH DEBIT PAYCOR INC.	\$2,012.76	

Posted Transactions

includes payroll fee

Date	Description	Withdrawals	Deposits	Balance
01/10/2014	CHECK 11873 071669619	\$670.81		\$3,195.11
01/10/2014	CORPORATE ACH 168023695429670 PAYCOR INC. SVC-PAYCOR	\$150.54		\$3,044.57
01/09/2014	CORPORATE ACH 162801422190109 PAYCOR INC. DD - FUND	\$14,631.55		\$4,016.46
01/09/2014	CORPORATE ACH 151108424072718 PAYCOR INC. TAX FUND	\$1,672.26		\$18,648.01
01/09/2014	CORPORATE ACH 154158932020008 PAYCOR INC. TAX FUND	\$9,170.76		\$20,320.27
01/08/2014	CORPORATE ACH 187496951117779 PAYCOR INC. DD - FUND	\$767.10		\$29,491.03
01/08/2014	ONLINE TRANSFER FROM XXXX6492		\$24,473.12	\$30,258.13
01/08/2014	ONLINE TRANSFER FROM XXXX6492		\$5,163.08	\$5,785.01
01/07/2014	CHECK 11867 075383997	\$717.44		\$621.93
01/07/2014	CHECK 11870 074222282	\$437.50		\$1,339.37
01/06/2014	CORPORATE ACH 134754073995478 PAYCOR INC. SVC-PAYCOR	\$489.25		\$1,776.87
01/03/2014	CHECK 11872 077627161	\$468.60		\$2,266.12
01/03/2014	CORPORATE ACH 113623105117310 PAYCOR INC. SVC-PAYCOR	\$61.08		\$2,734.72
01/03/2014	CORPORATE ACH 238205123246128 PAYCOR INC. TAX FUND	\$476.63		\$2,795.80
01/03/2014	ONLINE TRANSFER FROM XXXX6492		\$489.25	\$3,272.43
12/31/2013	CORPORATE ACH 624628525109110 PAYCOR INC. DD - FUND	\$475.49		\$2,783.18
12/31/2013	CHECK 11866 075784491	\$682.35		\$3,258.67
12/31/2013	ONLINE TRANSFER FROM XXXX6492		\$1,420.72	\$3,941.02
12/27/2013	CHECK 11868 071390531	\$87.23		\$2,520.30
12/26/2013	CORPORATE ACH 272444087502897 PAYCOR INC. DD - FUND	\$13,910.99		\$2,607.53
12/26/2013	CORPORATE ACH 101990879172501 PAYCOR INC. SVC-PAYCOR	\$113.18		\$16,518.52
12/26/2013	CORPORATE ACH 149814319679933 PAYCOR INC. TAX FUND	\$6,397.40		\$16,631.70
12/24/2013	CHECK 11862 076422697	\$582.54		\$23,029.10
12/24/2013	CHECK 11857 075309857	\$315.84		\$23,611.64
12/24/2013	CORPORATE ACH 100976058170312 PAYCOR INC. DD - FUND	\$500.83		\$23,927.48

Account Summary

Account Alerts

Available Balance:	\$4,173.30
Ledger Balance:	\$3,195.11
Pending Withdrawals:	\$5,235.05
Pending Deposits:	\$6,213.24
Last Deposit Amount:	\$6,213.24 01/15/2014
Last Statement Balance:	\$2,783.18 12/31/2013

Additional Information

Nickname:	StageOne Payroll	Edit
Type:	Non-Profit Checking	
Text Banking:	Not Enrolled	Edit
Nickname:		
Address:	323 W BROADWAY STE 600 LOUISVILLE, KY 40202 - 3162	Edit

Account Services

- Set up Overdraft Protection
- Try Cash Flow Insight

CLIENT 53462 STAGE ONE FAMILY THEATER - PAYROLL

EMPLOYEE	HOURS			EARNINGS			GROSS	TAXES	DEDUCTIONS	NET PAY
	REG	OT	CODED	REG	OT	CODED				
620 Performers										
Evans, Ben M. EE# 330	620			472.25		28.00 Extra-Duty 9.04 Media	509.29	31.58SOC 7.38MED 34.68FITWH 23.32KY	11.46Equity	389.67 DD# 1014143827
Huffman, Jonathan P EE# 104	620			425.00			425.00	26.35SOC 6.16MED 37.14FITWH 18.24KY 9.35KYLOUR		327.76 DD# 1014143828
Karr, Paul T. EE# 249	620			425.00			425.00	26.35SOC 6.16MED 18.65FITWH 13.14IN 7.79IND10R 6.16KYLOUN		346.81 DD# 1014143829
Patterson, Carrie Lee EE# 332	620			475.00		9.04 Media	484.04	30.01SOC 7.02MED 34.60FITWH 22.16IL 7.02KYLOUN	10.89Equity	372.34 DD# 1014143830
Roberts, Leah M EE# 309	620			452.00		9.04 Media	461.04	28.58SOC 6.69MED 42.55FITWH 20.53KY 10.14KYLOUR	10.37Equity	342.18 DD# 1014143831
Spradley, Shayla L EE# 333	620			452.00		9.04 Media	461.04	28.58SOC 6.69MED 42.55FITWH 15.02IN 4.42IND82R 6.69KYLOUN	10.37Equity	346.72 DD# 1014143832
64001 Prodr-Stage Manager										









My Accounts

Transfer Funds

Pay Bills

Alerts

Business Tools

Summary

Account Activity

### Account Activity

*What's your cash position today, tomorrow, next year?*

See for yourself right now with Cash Flow Insight<sup>SM</sup>

StageOne Payroll XXXXX7782 ▼

Available Balance: \$3,912.43 ⓘ

Account Activity

Online Statements

#### Pending Transactions

Date	Description	Withdrawals	Deposits
01/22/2014	ONLINE BANKING TRANSFER DEPOSIT		\$6,031.80
01/22/2014	ACH DEBIT PAYCOR INC.	\$1,935.28	
01/22/2014	ACH DEBIT PAYCOR INC.	\$3,615.66	

*1/23 payroll tax & cash requirements*

*↑ includes payroll fee*

#### Posted Transactions

List by Date   List by Type   Search   Filter: All   Export

View All 1 2 3 4 5 ... 6 next >

Date	Description	Withdrawals	Deposits	Balance
01/21/2014	CHECK 11869 075028864	\$162.47		\$3,431.57
01/17/2014	CHECK 11882 072214684	\$369.47		\$3,594.04
01/17/2014	CHECK 11881 039461324	\$338.66		\$3,963.51
01/17/2014	CHECK 11880 039461327	\$129.26		\$4,302.17
01/17/2014	CHECK 11879 039461330	\$346.72		\$4,431.43
01/17/2014	CHECK 11878 039461325	\$342.18		\$4,778.15
01/17/2014	CHECK 11877 039461326	\$372.32		\$5,120.33
01/17/2014	CHECK 11876 039461328	\$346.81		\$5,492.65
01/17/2014	CHECK 11875 039461329	\$327.76		\$5,839.46
01/17/2014	CHECK 11874 039461331	\$369.47		\$6,167.22
01/17/2014	CHECK 11883 070870249	\$391.35		\$6,536.69
01/17/2014	DEPOSIT XXXXX1323		\$2,573.18	\$6,928.04
01/17/2014	ONLINE TRANSFER FROM XXXXX6402		\$258.04	\$4,251.96

**StageOne Family Theatre  
Show Profit & Loss Budget  
FY14**

**Pd 10-2013**

<u>Description</u>	<b>Robin Hood</b>		<b>Metro</b>	<b>Non-Metro</b>
Sub Acct	<b>01-117</b>	Personnel Costs	24,157	40,808
Run Dates	2/5 - 3/5/14	Rent/Utilities		24,095
Number of Shows	49	Office supplies		-
Attendance:		Telephone		-
Paid - public	900	In-town travel		-
Paid - students	700	Client assistance		149,141
Free and Comp	22,095	Professional service contracts		-
Total Attendance	<u>23,695</u>	Program materials		16,450
		Events and festivals		-
Percent Capacity	83%	machinery and equip		440
Average Ticket Price - Paid Attendanc \$	12.27	Capital project		-
Average Ticket Price - Total Attendance		Other		11,840
		<b>TOTAL</b>	<u>24157</u>	<u>242773</u>

**TICKET REVENUE**

Package sales	1,000
Single ticket sales	10,480
Group sales	
Student matinees sales	8,149
Sales commissions expense	
Discounts allowed	
<b>Total ticket revenue</b>	<b>19,629</b>
Handling Fees	60
Novelty sales	100
Concession sales	
Cost of merchandise for sale	(40)
Novelty & concession sales - Net	60
<b>TOTAL TICKET SALES AND RELATI</b>	<b>19,749</b>

**Funding**

Other state/federal/local	
United Way	
Private contributions	
Fees	
Other	
<b>TOTAL</b>	

**DIRECT PRODUCTION EXPENSES**

<b>ADVERTISING</b>	
Advertising - print	1,500
Advertising - radio & TV	1,500
Advertising - social media	

Advertising - other	
<b>TOTAL ADVERTISING</b>	<b>3,000</b>

<b>PROGRAMS</b>	
<b>ARTISTIC STAFF</b>	
Performers	23,642
Student actors	300
Orchestra	
Arrangements/sequencing	
Director - staff	1,800
Director - contract	
Choreographer - contract	1,500
Music Director - contract	250
Union Benefits - AEA	6,147
Union Benefits - Musicians	
Performers & Artists Meals & Lodging	3,900
Performers & Artists per diem	50
Payroll Tax Expense (FICA) - Artists	3,976
<b>TOTAL ARTISTIC STAFF</b>	<b>41,565</b>

<b>DESIGN STAFF</b>	
Costume design/alterations - contract	1,500
Sound Design - contract	1,500
Scenic Design/Scenic Direction	1,500
Prop Master (Guest) - contract	-
Lighting Design/Master Elect. - contract	1,500
<b>TOTAL DESIGN STAFF</b>	<b>6,000</b>

<b>PRODUCTION STAFF</b>	
Technical Director	-
Stage Manager	-
Assistant Stage Manager	-
Stage management - Intern stipends	450
Props Master	-
Painter	2,400
Production Crew	480
Electrics Crew	1,200
Wardrobe	-
Interns - Production	1,800
Running Crew	6,200
Sound Engineer	
Payroll Taxes/Other Fringes - Prod Only	1,607
Employee Benefits - Prod Only	-
Production travel & lodging	2,700

<b>TOTAL PRODUCTION STAFF</b>	<b>16,837</b>

<b>MATERIALS AND SUPPLIES</b>	
Set material	3,500
Set Rental	
Paint & paint supplies	700
Costume materials	4,250
Props	2,000
Sound materials	500
Lighting materials	750
Hardware & Shop Supplies	500
Stage Management supplies	550
Blueprints & drawings	100
Special Effects	100
<b>TOTAL MATERIALS &amp; SUPPLIES</b>	<b>12,950</b>

<b>VENUE COSTS</b>	
Venue production labor	3,925
Ushers	275
Accessibility charges	350
Set up and ticketing fees - KCA	2,765
Venue rent - public shows	\$ 1,875.00
Venue rent - student matinees	12,825
Venue rent - rehearsals/tech	2,080
<b>TOTAL VENUE COSTS</b>	<b>24,095</b>

<b>ROYALTIES</b>	<b>8,000</b>
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<b>OTHER PRODUCTION COSTS</b>	
Accompanyist - Rehearsal	250
Videography	313
Printing other than advertising	3,500
Laundry & dry cleaning	250
Rehearsal Space - Rent/Sup.	
Rent - musical instruments	
Truck Rental	440
EE Travel Expense - in town	
Credit Card Fees - KCA sales	150
<b>TOTAL OTHER PRODUCTION COSTS</b>	<b>4,903</b>

TOTAL DIRECT PRODUCTION EXPENSE 117,349

GROSS PROFIT (LOSS) ON SHOW (97,600)

**Total**

64,965

24,095

149141

16,450

440

11,840

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266,930

13588

174750

19,749

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208087



**STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.****General Information**

<b>Organization Number</b>	0144489
<b>Name</b>	STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	8/10/1948
<b>Organization Date</b>	8/10/1948
<b>Last Annual Report</b>	6/28/2013
<b>Principal Office</b>	323 W. BROADWAY, SUITE 600 LOUISVILLE, KY 40202
<b>Registered Agent</b>	S & H LOUISVILLE, LLC C/O STITES & HARBISON - MS SARA CRONAN 400 W. MARKET STREET LOUISVILLE, KY 40202-3352

**Current Officers**

<b>Chairman</b>	<u>Carl Thomas</u>
<b>President</b>	<u>Peter Holloway</u>
<b>Director</b>	<u>Michelle Heit</u>
<b>Director</b>	<u>Laura Barnum</u>
<b>Director</b>	<u>Ashley Butler</u>
<b>Director</b>	<u>David Calzi</u>
<b>Director</b>	<u>Sarah Cronan</u>
<b>Director</b>	<u>Tom Dunbar</u>
<b>Director</b>	<u>Brian Haehl</u>
<b>Director</b>	<u>Dewey Hensley</u>
<b>Director</b>	<u>Carol Lambert</u>
<b>Director</b>	<u>Brandon Lawrence</u>
<b>Director</b>	<u>Tess McNair</u>
<b>Director</b>	<u>Tom Ording</u>
<b>Director</b>	<u>Leisa Schulz</u>
<b>Director</b>	<u>Jennifer Tuvlin</u>

**Individuals / Entities listed at time of formation**

<b>Director</b>	<u>N. S. WILDER</u>
<b>Director</b>	<u>MRS. HAROLD BRIGHAM</u>
<b>Director</b>	<u>MRS. J. J. SIMPSON, JR.</u>
<b>Incorporator</b>	<u>N. S. WILDER</u>
<b>Incorporator</b>	<u>MRS. HAROLD L. BRIGHAM</u>

**Incorporator**MRS. J. J. SIMPSON, JR.**Images available online**

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	6/28/2013	1 page	<u>PDF</u>	
<u>Name Renewal</u>	4/5/2013 11:18:42 AM	1 page	<u>PDF</u>	
<u>Registered Agent name/address change</u>	6/27/2012 2:22:50 PM	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/27/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/22/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/6/2010	1 page	<u>PDF</u>	
<u>Principal Office Address Change</u>	6/30/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/25/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/11/2008	1 page	<u>PDF</u>	
<u>Name Renewal</u>	4/3/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/15/2007	1 page	<u>PDF</u>	
<u>Statement of Change</u>	6/27/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/25/2006	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/28/2005	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/8/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	6/27/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/9/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	6/19/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/11/2001	6 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	8/2/1999	6 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/29/1998	4 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	6/9/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	5/2/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	4 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1992	6 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	9 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1990	6 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	7 pages	<u>tiff</u>	<u>PDF</u>
<u>Six Month Notice Return</u>	9/1/1986	1 page	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	2/11/1980	5 pages	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	8/10/1948	5 pages	<u>tiff</u>	<u>PDF</u>

**Assumed Names**STAGE ONE

Active

**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/28/2013 11:49:11 AM	6/28/2013 11:49:11 AM	
Annual report	6/27/2012 2:33:58 PM	6/27/2012 2:33:58 PM	
Registered agent address change	6/27/2012 2:22:50 PM	6/27/2012 2:22:50 PM	
Annual report	6/22/2011 12:52:56 PM	6/22/2011 12:52:56 PM	
Annual report	4/6/2010 10:45:27 AM	4/6/2010 10:45:27 AM	
Principal office change	6/30/2009 10:36:08 AM	6/30/2009	
Annual report	6/25/2009 7:12:11 PM	6/25/2009 7:12:11 PM	
Annual report	6/11/2008 3:56:45 PM	6/11/2008 3:56:45 PM	
Annual report	6/15/2007 11:50:58 AM	6/15/2007 11:50:58 AM	
Registered agent address change	6/27/2006 1:53:20 PM	6/27/2006	
Annual report	5/25/2006 8:28:12 AM	5/25/2006 8:28:12 AM	
Annual report	6/27/2003 1:37:54 PM	6/27/2003	
Registered agent address change	6/19/2002 8:54:21 AM	6/19/2002	
Annual report	6/19/2002 8:53:57 AM	6/19/2002	
Principal office change	6/23/1997	6/23/1997	
Registered agent address change	5/2/1997	5/2/1997	
Amendment previous name	2/11/1980	2/11/1980	<u>LOUISVILLE CHILDREN'S THEATER, INC.</u>

**Microfilmed Images**

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	8/18/2004	1 page
Annual Report	9/8/2003	1 page
Annual Report	9/9/2002	1 page
Statement of Change	6/19/2002	1 page
Annual Report	9/11/2001	6 pages
Annual Report	8/7/2000	8 pages
Annual Report	8/2/1999	6 pages
Annual Report	7/29/1998	4 pages
Annual Report	7/1/1997	2 pages
Certificate of Assumed Name	6/9/1997	1 page
Statement of Change	5/2/1997	1 page
Annual Report	7/1/1996	4 pages
Annual Report	7/1/1995	1 page

Annual Report	7/1/1994	2 pages
Annual Report	7/1/1993	1 page
Annual Report	7/1/1992	6 pages
Annual Report	7/1/1991	9 pages
Annual Report	7/1/1990	6 pages
Annual Report	7/1/1989	7 pages
Six Month Notice Return	9/1/1986	1 page
Statement of Change	3/19/1982	2 pages
Statement of Change	8/12/1980	2 pages
Amendment	2/11/1980	3 pages
Statement of Change	7/28/1971	2 pages
Annual Report	7/1/1949	29 pages
Articles of Incorporation	8/10/1948	4 pages

# Teacher Survey

## 1. Default Section

### 1. Please fill in the following information:

Please fill in the following information: School Name:

Your Name:

Email Address:

Your preferred method of communication (mail/email/fax):

### 2. What grade level do you teach?

Pre K  K  1  2  3  4  5  6  7  8  9  10  11  12  Other

Other (please specify)

### 3. Please answer "Yes" or "No" to the following questions.

	yes	no
Is this your first field trip to a Stage One production?	<input type="radio"/>	<input type="radio"/>
Did you come to teacher preview night for the show?	<input type="radio"/>	<input type="radio"/>
Was the length of the show appropriate?	<input type="radio"/>	<input type="radio"/>
Was the content and subject matter of the show appropriate?	<input type="radio"/>	<input type="radio"/>

Comments on any of the above?

### 4. Please choose the options that best describe your opinions about our teacher study guide.

Please choose the options that best describe your opinions about our teacher study guide. I used the teacher lesson plans sent to me before the performance.

- The teacher lesson plans and student guides were age appropriate.
  - I did not have time to use the teacher lesson plans.
  - The teacher lesson plans and study guide were NOT appropriate support materials for the production. (Please share why in the comment field below)
- If you have additional comments about teacher lesson plans and/or student guides, please share

below:

\*

### 5. Which performance did you see?

- Which performance did you see? The House at Pooh Corner- 10am
- The House at Pooh Corner- 12pm
- The Best Christmas Pageant Ever - 10 AM
- The Best Christmas Pageant Ever - 12 PM
- The Mighty Adventures of the Glorious Robin Hood - 10 AM
- The Mighty Adventures of the Glorious Robin Hood - 12 PM
- Diary of a Worm, a Spider and a Fly - 10 AM
- Diary of a Worm, a Spider and a Fly - 12 PM

\*

### 6. What did you think about the quality of our production?

	Poor	Fair	Good	Very good	Excellent
Pre-Show Interaction with Staff (booking, payment, greeting at venue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriateness of production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literary Elements (plot, characters, setting, conflict)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Elements (acting, projection, dictions, non-verbal expression, directing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenery/Props	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Poor Fair Good Very good Excellent

	Poor	Fair	Good	Very good	Excellent
Sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costumes/Make-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your students' response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

\*

**7. How did you hear about the production you attended at Stage One?**

- How did you hear about the production you attended at Stage One? Season Brochure
- Stage One Website
- Monday Memo (Jefferson County)
- Internet Search Engine
- Postcard Mailings
- Email Blast

Other (please specify)

\*

**8. What are some of the comments your students made after attending the performance?**





## Smith, Chanelle Emily

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**From:** Downard, Kelly  
**Sent:** Monday, February 24, 2014 10:31 AM  
**To:** Kennedy, Liz  
**Cc:** Helton, Jessamyn; Smith, Chanelle Emily; Carroll, Debbie; Stenberg, Beth  
**Subject:** Stage One NDF

Please be advised that I authorize my Legislative Asst, Debbie Carroll, to sign on my behalf an appropriation in the amount of \$1,000 to Stage One.

Kelly