

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

**Applicant/Program:** Stage One: The Louisville Children's Theatre. Inc./ Hamlet production  
**Applicant Requested Amount:** \$4,999  
**Appropriation Request Amount:** ~~\$1,000~~ \$3,033 (PT)

**Executive Summary of Request**  
Funding for their 2018 production of Hamlet, coproduced by Kentucky Shakespeare which will run from January 29-February 9, 2018. The council support is to cover ticket cost for local high school students.

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.

12 District #      Paul Blawie Primary Sponsor Signature      \$1,000 Amount      1-05-18 Date (PT)  
~~1-05-17~~

**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  
Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**

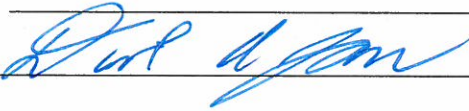
Stage One: The Louisville Children's Theatre, Inc./ Hamlet production

**Additional Disclosure and Signatures**

**Additional 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.

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6		\$ 1,000
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

**Applicant/Program:**

Stage One: The Louisville Children's Theatre, Inc./ Hamlet production

**Additional Disclosure and Signatures**

**Additional 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.

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

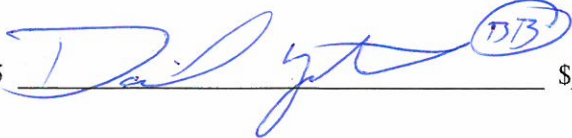
District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25  (DB) \$ 1,688

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

<b>Legal Name of Applicant Organization</b> Stage One: The Louisville Children's Theatre, Inc.	
<b>Program Name and Request Amount</b> Hamlet production, \$4,999	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Prepared by: Danielle Tackett

Date: 3-9-17

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Stage One: The Louisville Children's Theatre, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 315 W Market Street, Suite 2S, Louisville KY 40202			
<b>Website:</b> www.stageone.org			
<b>Applicant Contact:</b>	Jessica Roth	<b>Title:</b>	Director of Development
<b>Phone:</b>	502.498.2444	<b>Email:</b>	jroth@stageone.org
<b>Financial Contact:</b>	Mike Brooks	<b>Title:</b>	Director of Finance
<b>Phone:</b>	502.498.2438	<b>Email:</b>	mbrooks@stageone.org
<b>Organization's Representative who attended NDF Training:</b> Hannah Wemmitt			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Kentucky Center for the Arts		
<b>Council District(s):</b>	4	<b>Zip Code(s):</b>	40202
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Hamlet			
<b>Total Request: (\$)</b>	4,999	<b>Total Metro Award (this program) in previous year: (\$)</b>	2085
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or 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.</b>			
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

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

StageOne Family Theatre's mission is to inspire children by opening the door to imagination, opportunity, and empathy.

Founded in 1946, StageOne is the oldest professional theatre company in Louisville and a national pioneer in the field of theatre for young audiences. Serving almost 80,000 children and families each year across the region, StageOne is the leading arts educator in this community. Our shows at the Kentucky Center for the Arts, workshops in schools, and Summer Camp opportunities are tied to educational curriculum, giving teachers an additional tool for teaching kids, and parents a chance to engage with their children as they learn. Unique programs like Kindergarten Readiness, Sensory-Friendly Performances, and Play-it-Forward set StageOne apart as a crucial provider of arts experiences for the kids who need them most and will not otherwise have them.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Michael Merrick, President	2nd term ends 2019
Faith Bushnaq	1st term ends 2019
Ashley Butler	2nd term ends 2018
Kristen Byrd	2nd term ends 2019
Sam Corbett	2nd term ends 2019
Jennifer Green	1st term ends 2020
Michelle Heit	2nd term ends 2019
Jan Helson	1st term ends 2017
Elizabeth Kaplan	2nd term ends 2019
Peggy Krug	1st term ends 2017
Carol Lambert	2nd term ends 2019
Jennifer Luhrs	1st term ends 2019
Julia McGuffey	1st term ends 2020
Susan Furlong	1st term ends 2020
Dot O'Brien	1st term ends 2019
Jamie Paradis	1st term ends 2018
full list of board members and terms limited included in application	

**Describe the Board term limit policy:**  
 Each board member is elected to serve a 3-year term. Members can be re-elected to a second consecutive term.

Three Highest Paid Staff Names	Annual Salary
Peter Holloway *see executive compensation envelope	
Mike Brooks * see executive compensation envelope	
Jessica Roth	65,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

**A: 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 \$4,999. in Neighborhood Development Funds to support our spring 2018 production of "Hamlet" co-produced by Kentucky Shakespeare, which runs January 29 - Feb 9, 2018. Community support is crucial in subsidizing tickets for Louisville Metro Schools.

Students need the arts. Study after study has shows that explore to the arts is critical to the development of creative thinkers and problem solvers. Arts experiences help students improve academic success and ultimately increase educational attainment across communities. In addition, the arts teach empathy and build connections between children and the world. StageOne is the cornerstone arts organization in Louisville, helping to build a brighter future for our children and our community.

Stageone believe in every child and continues to find ways to reach out to the children in our community who are most in need of arts experiences.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

The support would allow StageOne the funding needed to cover the ticket costs for several area high school students who are unable to pay themselves.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of 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.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ 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.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: 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:**

To provide StageOne's production of "Hamlet" at zero ticket cost to many high school students in metro Louisville.

Data collection method: Xpressions Reservation System/Teacher check-in reports. Xpressions captures information for all reservations made, including number of students, teachers, and ticket prices. Xpressions also aggregates attendance data for the entire production and provides 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 students and chaperon numbers for that day, this provides a means of counting total attendance both day-to-day and overall.

Indicators to be measure:

Number of students served at each performance and overall

Grade level breakdown

Ticket Cost

**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/project specifically.**

This production of Hamlet is a co-production with Kentucky Shakespeare, bringing the popular story of Hamlet, read in most high schools to stage for our high school audience. This was an important production for StageOne and Kentucky Shakespeare as we wanted to be able to offer productions that truly reflected exactly what high school students were studying in the classroom.

StageOne continues its partnership with the University of Louisville's Center for Autism Training and the Kentucky Center in offering sensory-friendly performances for families with children on the autism spectrum. These performances create an inviting space for families who often feel unwelcome participating in the arts.

With support for the Norton Foundation, Stageone provides hand-on technical theatre training for the students at Lincoln Performing Arts School. This year-long residency provides robust training for students in costuming, lighting, set design/construction and stage management, offering an introduction to careers in theatre and imparting skills that translate across disciplines.

StageOne received a grant this year from Disney, to bring musical theatre to 5 area elementary schools. This program has support from Disney for 2 years, and will help establish a sustaining theatre program in ten underserved schools across our community.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 -- PROGRAM/PROJECT BUDGET SUMMARY**

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)	4,999	18,656	23,655
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	4,999	18,656	23,655
% of Program Budget	21 %	79 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	18686
Other (please specify)	
Total Revenue for Columns 2 Expenses **	18686

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
District 12 students	1,000		
District 6 students	1,000		
District 25 students	1,688		
All other metro Louisville students		20,685	
<b>Total</b>	3,688	20,685	24,373

Applicant's Initials JRP

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**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
<p align="center"><i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i></p>		

\* 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

Agency Fiscal Year Start Date: June 1

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:

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 7 – CERTIFICATIONS & ASSURANCES**

By signing Section 7 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 understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
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. Applicant understands 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. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must 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.
11. 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.

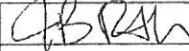
**Standard Certifications**

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.

**SECTION 8 – CERTIFICATIONS & ASSURANCES**

I certify under the penalty of law the information in this application (including, without limitation, "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 and have initialed each page of the application.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	11/30/2017
<b>Legal Signatory: (please print):</b>	Jessica B Roth	<b>Title:</b>	Director of Development
<b>Phone:</b>	502.498.2444	<b>Extension:</b>	
<b>Email:</b>	jroth@stageone.org		

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>Aug.</sup> ~~July~~, 1948.

N. S. Wilder  
Mrs J. H. Simpson Jr - Al T. Simpson  
Mrs. Harold H. Brigham - Aune 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 H. 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>Aug.</sup> ~~July~~, 1948.

My commission expires Oct. 17, 1949.



Henning Hilliard  
Notary Public, Jefferson County, Ky.

ORIGINAL COPY  
FILED AND RECORDED  
AUG 10 1948

DATE

George Thomas Hatcher  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

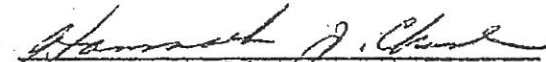
BY

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 27 day of January, 1980.

My commission expires: 8/12/81.

  
Notary Public

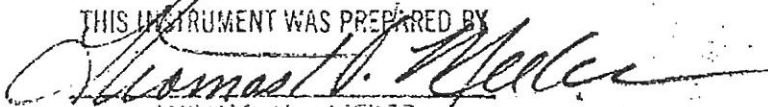
STATE OF KENTUCKY )  
:  
COUNTY OF JEFFERSON )

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 27 day of January, 1980.

My commission expires: 8/12/81

  
Notary Public

THIS INSTRUMENT WAS PREPARED BY



THOMAS H. MEEKER  
WYATT, GRAFTON, & SLOIS  
THIRTY EIGHTH FLOOR CITICORP PLAZA  
LOUISVILLE, KY. 40202

SECRETARY OF STATE

RECEIVED

FEB 11 1980

*ca 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  
the Board of Directors entitled to vote with respect thereto.

161525

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

*Francis J. [Signature]*  
SECRETARY OF STATE

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 <sup>Aug.</sup> of ~~July~~, 1948.

N. S. Wilder  
Mrs J. H. Simpson Jr - Al T. Simpson  
Mrs. Harold H. Brigham - Anne 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 ~~July~~, 1948. <sup>Aug.</sup>

My commission expires Oct. 17, 1949.



Henning Hilliard  
Notary Public, Jefferson County, Ky.

ORIGINAL COPY  
FILED AND RECORDED  
AUG 10 1948

DATE

George Thomas Fletcher  
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

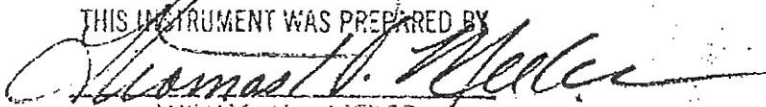
STATE OF KENTUCKY )  
:  
COUNTY OF JEFFERSON )

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, & SLOSS  
TWENTY EIGHTH FLOOR CITIZENS 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

*Francis J. Hall*  
\_\_\_\_\_  
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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Stage One: The Louisville Children's Theatre, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>315 W. Market St., Ste. 2S</b>	
	6 City, state, and ZIP code <b>Louisville, KY 40202</b>	
	7 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 generally 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.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

	Social security number												
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>												
	or												
	Employer identification number												

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>8/31/2017</b>
------------------	----------------------------	-------------------------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2015 calendar year, or tax year beginning JUN 1, 2015 and ending MAY 31, 2016

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE, INC.  
 Doing business as STAGE ONE  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 315 W. MARKET STREET 2S  
 City or town, state or province, country, and ZIP or foreign postal code  
 LOUISVILLE, KY 40202

**D** Employer identification number  
 \*\*\*-\*\*\*\*\*

**E** Telephone number  
 502-589-4060

**G** Gross receipts \$ 1,451,858.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ [WWW.STAGEONE.ORG](http://WWW.STAGEONE.ORG)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1948 **M** State of legal domicile: KY

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>STAGEONE EDUCATES AND INSPIRES CHILDREN AND FAMILIES BY OPENING THE DOORS TO IMAGINATION,</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	53
	6	Total number of volunteers (estimate if necessary)	6	42
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	119.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,349,440.	1,021,888.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	426,678.	356,567.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15.	-158.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,245.	49,821.
	12		1,802,378.	1,428,118.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,043,905.	1,027,532.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	149,700.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	567,254.	564,905.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,611,159.	1,592,437.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	191,219.	-164,319.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	674,622.	440,773.
	22	Net assets or fund balances. Subtract line 21 from line 20	342,557.	273,027.
22		332,065.	167,746.	

**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.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
PETER HOLLOWAY, PRODUCING ARTISTIC DIRECTOR  
 Type or print name and title

**Preparer**

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN  
REBECCA L. PHILLIPS, CPA \_\_\_\_\_ \_\_\_\_\_  \_\_\_\_\_

**Use Only**

Firm's name ▶ MOUNTJOY CHILTON MEDLEY LLP Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ 462 S. FOURTH ST., SUITE 2600 Phone no. (502) 749-1900  
LOUISVILLE, KY 40202-3445

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 or note to any line in this Part III [ ]

1 Briefly describe the organization's mission:

STAGEONE EDUCATES AND INSPIRES CHILDREN AND FAMILIES BY OPENING THE DOORS TO IMAGINATION, OPPORTUNITY AND EMPATHY.

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 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 \$ 1,022,742, including grants of \$ ) (Revenue \$ 233,986.)

STAGEONE SERVES THE REGION'S 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 AND BUILDS STRONG FAMILY BONDS. BOTH ON STAGE AND IN THE CLASSROOM, STAGEONE HAS, FOR DECADES, BEEN A KEY PARTNER WITH AREA SCHOOL SYSTEMS IN PROVIDING TENS OF THOUSANDS OF YOUNG PEOPLE THEIR FIRST PERFORMING ARTS EXPERIENCE, MANY AT NO COST, SUPPORTING CHILDREN'S AND FAMILY THEATRE IN LOUISVILLE, KENTUCKY, APPROXIMATELY 57,874 SCHOOL CHILDREN ATTENDED THEATRICAL PRODUCTIONS.

4b (Code: ) (Expenses \$ 196,512, including grants of \$ ) (Revenue \$ 122,462.)

APPROXIMATELY 9,000 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 1,219,254.

**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)? <i>If "Yes," complete Schedule A</i> .....	x	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> .....		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? <i>If "Yes," complete Schedule C, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> .....		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		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? <i>If "Yes," complete Schedule D, Part VI</i> .....	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? <i>If "Yes," complete Schedule D, Part VII</i> .....		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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		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? <i>If "Yes," complete Schedule D, Part IX</i> .....		x
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	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)? <i>If "Yes," complete Schedule D, Part X</i> .....	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> .....	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		x

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

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 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? If "Yes," complete Schedule J		X
24a 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 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? If "Yes," complete Schedule L, Part III		X
28 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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. 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 or note to any line in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

**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 or note to any line in this Part VI

**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.		
1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	25		
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
b	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:		
a	The governing body?	X	
b	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
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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
b	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?		
16b			

**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  Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records:  MIKE BROOKS - 502-589-4060  
 315 W. MARKET ST. SUITE 2S, 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 or note to any line 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 (list any hours for related organizations below line)	(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) MICHAEL MERRICK CHAIRMAN	4.00	X		X				0.	0.	0.
(2) CARL THOMAS EXECUTIVE COMMITTEE	1.00	X		X				0.	0.	0.
(3) LEA GOFF EXECUTIVE COMMITTEE	1.00	X		X				0.	0.	0.
(4) PEGGY KRUG EXECUTIVE COMMITTEE	1.00	X		X				0.	0.	0.
(5) JESSIE BROUGHTON BOARD MEMBER	1.00	X						0.	0.	0.
(6) FAITH BUSHNAQ BOARD MEMBER	1.00	X						0.	0.	0.
(7) ASHLEY BUTLER BOARD MEMBER	1.00	X						0.	0.	0.
(8) KRISTEN BYRD BOARD MEMBER	1.00	X						0.	0.	0.
(9) SAM CORBETT BOARD MEMBER	1.00	X						0.	0.	0.
(10) TYLER HAMPTON BOARD MEMBER	1.00	X						0.	0.	0.
(11) MICHELLE HEIT BOARD MEMBER	1.00	X						0.	0.	0.
(12) JAN HELSON BOARD MEMBER	1.00	X						0.	0.	0.
(13) ELIZABETH KAPLAN BOARD MEMBER	1.00	X						0.	0.	0.
(14) CAROL LAMBERT BOARD MEMBER	1.00	X						0.	0.	0.
(15) JENNIFER LUHRS BOARD MEMBER	1.00	X						0.	0.	0.
(16) DOT O'BRIEN BOARD MEMBER	1.00	X						0.	0.	0.
(17) JAMIE PARADIS 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 (list any hours for related organizations below line)	(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) JERRY PREYSS BOARD MEMBER	1.00	X						0.	0.	0.
(19) JONATHAN RIEHM BOARD MEMBER	1.00	X						0.	0.	0.
(20) MARK RORER BOARD MEMBER	1.00	X						0.	0.	0.
(21) LEISA SCHULZ BOARD MEMBER	1.00	X						0.	0.	0.
(22) BRECK THOMAS-ROSS BOARD MEMBER	1.00	X						0.	0.	0.
(23) GLENDA THOME BOARD MEMBER	1.00	X						0.	0.	0.
(24) STEPHANIE UBELHART BOARD MEMBER	1.00	X						0.	0.	0.
(25) SUZANNE WRIGHT BOARD MEMBER	1.00	X						0.	0.	0.
(26) PETER HOLLOWAY PROD ARTISTIC DIRECTOR	50.00			X				130,453.	0.	4,900.
<b>1b Sub-total</b>								130,453.	0.	4,900.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								130,453.	0.	4,900.

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 1

	Yes	No
3 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	3	X
4 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	4	X
5 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	5	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**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	2,255.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	480,086.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	539,547.			
	g Noncash contributions included in lines 1a-1f: \$		6,500.			
	<b>h Total. Add lines 1a-1f</b>		<b>1,021,888.</b>			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	2 a PRODUCTIONS	900099	233,986.	233,986.		
	b EDUCATIONAL PROGRAMS	900099	122,462.	122,462.		
	c PROP RENTALS	900099	119.		119.	
	d					
	e					
	f All other program service revenue	900099				
<b>g Total. Add lines 2a-2f</b>		<b>356,567.</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		26.		26.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses		184.			
	c Gain or (loss)		-184.			
	d Net gain or (loss)		-184.		-184.	
	8 a Gross income from fundraising events (not including \$ 2,255. of contributions reported on line 1c). See Part IV, line 18	a	61,815.			
	b Less: direct expenses	b	23,369.			
c Net income or (loss) from fundraising events		38,446.		38,446.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	80.				
b Less: cost of goods sold	b	187.				
c Net income or (loss) from sales of inventory		-107.		-107.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a MISCELLANEOUS	900099	11,482.		11,482.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		11,482.				
<b>12 Total revenue. See instructions.</b>		<b>1,428,118.</b>	<b>356,448.</b>	<b>119.</b>	<b>49,663.</b>	

**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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	137,991.	68,995.	34,498.	34,498.
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	730,551.	592,399.	64,752.	73,400.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,028.	2,607.	253.	168.
9 Other employee benefits	67,980.	60,306.	4,860.	2,814.
10 Payroll taxes	87,982.	68,706.	7,916.	11,360.
11 Fees for services (non-employees):				
a Management				
b Legal	3,080.	3,080.		
c Accounting	44,343.		44,343.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	72,176.	62,512.	5,204.	4,460.
12 Advertising and promotion	35,514.	34,166.		1,348.
13 Office expenses	40,321.	28,573.	7,624.	4,124.
14 Information technology	10,950.	7,283.	2,543.	1,124.
15 Royalties	25,946.	25,946.		
16 Occupancy	73,427.	63,294.	5,933.	4,200.
17 Travel	16,612.	10,290.	1,029.	5,293.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,279.		6,279.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,572.	13,230.	12,342.	
23 Insurance	37,005.	22,104.	12,201.	2,700.
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 <b>PRODUCTION COSTS</b>	148,239.	146,031.	1,608.	600.
b <b>MISCELLANEOUS ADMINISTR</b>	13,530.	2,759.	9,935.	836.
c <b>MAINTENANCE</b>	7,450.	6,888.	437.	125.
d <b>BAD DEBT</b>	4,357.		1,707.	2,650.
e All other expenses	104.	85.	19.	
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>1,592,437.</b>	<b>1,219,254.</b>	<b>223,483.</b>	<b>149,700.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	70,193.	1	83,952.	
	2	Savings and temporary cash investments		2	10,305.	
	3	Pledges and grants receivable, net	408,442.	3	167,236.	
	4	Accounts receivable, net	53,453.	4	43,185.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other 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 instr). Complete Part II of Sch L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	55,350.	9	61,510.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	201,307.		
	b	Less: accumulated depreciation	10b	134,111.		
				70,024.	10c	67,196.
	11	Investments - publicly traded securities	10,279.	11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	6,881.	14	7,389.	
15	Other assets. See Part IV, line 11		15			
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	674,622.	16	440,773.		
Liabilities	17	Accounts payable and accrued expenses	117,146.	17	107,814.	
	18	Grants payable		18		
	19	Deferred revenue	37,361.	19	47,532.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties	36,442.	24	18,442.	
	25	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	151,608.	25	99,239.	
	26	<b>Total liabilities.</b> Add lines 17 through 25	342,557.	26	273,027.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	-139,373.	27	-99,121.	
	28	Temporarily restricted net assets	471,438.	28	266,867.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	332,065.	33	167,746.		
34	<b>Total liabilities and net assets/fund balances</b>	674,622.	34	440,773.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,428,118.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,592,437.
3	Revenue less expenses. Subtract line 2 from line 1	3	-164,319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	332,065.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	167,746.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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? ..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
2b	Were the organization's financial statements audited by an independent accountant? ..... If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	x	
2c	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	
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
3b	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)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public  
Inspection

Name of the organization STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE INC. Employer identification number \*\*\_\*\*\*\*\*

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 (Form 990 or 990-EZ).)
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 [x] 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support, (vi) Amount of other support.

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	780,785.	1,087,908.	1,667,220.	1,349,440.	1,020,283.	5,905,636.
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 .....	780,785.	1,087,908.	1,667,220.	1,349,440.	1,020,283.	5,905,636.
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) .....						604,338.
6 <b>Public support.</b> Subtract line 5 from line 4.						5,301,298.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 .....	780,785.	1,087,908.	1,667,220.	1,349,440.	1,020,283.	5,905,636.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,174.	35.	257.	1,015.	26.	2,507.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....				512.	119.	631.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	34,027.	54,223.	19,128.	4,271.	11,482.	123,131.
11 <b>Total support.</b> Add lines 7 through 10 .....						6,031,905.
12 Gross receipts from related activities, etc. (see instructions) .....					12	2,150,781.
13 <b>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**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	87.89 %
15 Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	90.69 %
16a <b>33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2015 THEATRE, INC.

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2015. 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 - 2014. 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 Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Schedule A (Form 990 or 990-EZ) 2015 THEATRE, INC.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			



**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

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

Employer identification number

\*\*-\*\*\*\*\*

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2015)

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

**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	FUND FOR THE ARTS  623 W MAIN ST  LOUISVILLE, KY 40202-4242	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GHEENS FOUNDATION  401 W MAIN ST  LOUISVILLE, KY 40202	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	YUM! BRANDS FOUNDATION  1441 GARDINER LN  LOUISVILLE, KY 40213-1914	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JEWISH HERITAGE FUND FOR EXCELLENCE  100 E LIBERTY ST #300  LOUISVILLE, KY 40202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ENC FOUNDATION  101 S 5TH ST  LOUISVILLE, KY 40202-3158	\$ 40,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KENTUCKY ARTS COUNCIL  1025 CAPITAL CENTER DRIVE, 3RD FLR  FRANKFORT, KY 40601	\$ 33,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

\*\*-\*\*\*\*\*

**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	BROWN-FORMAN  PO BOX 1080  LOUISVILLE, KY 40201-1080	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LIFT A LIFE FOUNDATION  291 N HUBBARDS LN STE B26  LOUISVILLE, KY 40207-8220	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	NATIONAL ENDOWMENT FOR THE ARTS  1100 PENNSYLVANIA AVE  WASHINGTON, DC 20506-0001	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE SHUBERT FOUNDATION  234 W 44TH ST  NEW YORK, NY 10036-3979	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

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

Employer identification number

\*\*-\*\*\*\*\*

**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 <b>STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE INC.</b>	Employer identification number <b>**-*****</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number \*\*-\*\*\*\*\*

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**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 XIII.

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" on 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 XIII 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, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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  %
- c Temporarily restricted endowment  %

The percentages on 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		62,686.	19,408.	43,278.
d Equipment		103,407.	79,489.	23,918.
e Other		35,214.	35,214.	0.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 67,196.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	98,225.
(3) CAPITAL LEASE OBLIGATION	1,014.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,428,118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,428,118.
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 XIII.)	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	1,428,118.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,592,437.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,592,437.
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 XIII.)	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	1,592,437.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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  
 CODIFICATION. NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED  
 IN THE ACCOMPANYING FINANCIAL STATEMENTS.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PAY IT FORWARD: PAINT IT PURPLE (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts .....	64,070.		64,070.
	2	Less: Contributions .....	2,255.		2,255.
	3	Gross income (line 1 minus line 2) .....	61,815.		61,815.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....	3,320.		3,320.
	7	Food and beverages .....	17,971.		17,971.
	8	Entertainment .....	300.		300.
	9	Other direct expenses .....	1,778.		1,778.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			23,369.
11	Net income summary. Subtract line 10 from line 3, column (d) .....			38,446.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a	The organization's facility		13a	%
b	An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



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

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
OPPORTUNITY AND EMPATHY.

FORM 990, PART VI, SECTION B, LINE 11:  
THE FORM 990 IS REVIEWED BY THE BUSINESS MANAGER AND THE PRODUCING ARTISTIC  
DIRECTOR PRIOR TO ITS FILING. THE FORM 990 IS 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 ORGANIZATION'S 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  
ORGANIZATION, NO SUCH BID WAS SUBMITTED BY A MEMBER OF THE BOARD IN 2014.

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 PRODUCING  
ARTISTIC DIRECTOR.

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

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

THE PRODUCING ARTISTIC DIRECTOR'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 PRODUCING ARTISTIC DIRECTOR'S 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 PRODUCING ARTISTIC DIRECTOR WHICH ARE COMMITTED TO IN WRITING,

THE PRODUCING ARTISTIC DIRECTOR USES INDUSTRY COMPARABILITY DATA, AMONG OTHER THINGS, TO DETERMINE COMPENSATION FOR DEPARTMENT HEADS. IN MARCH OF 2015 THE ORGANIZATION INSTITUTED AN EMPLOYEE EVALUATION REGIME WHICH WILL FACTOR INTO THE PROCESS HENCEFORWARD,

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, PAGE 12, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR, THE BOARD OF DIRECTORS APPOINTS AN AD HOC AUDIT COMMITTEE ANNUALLY. PRIOR TO THE ENGAGEMENT OF THE AUDITORS, THE BUSINESS MANAGER 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 BUSINESS MANAGER AND EITHER APPROVES OR REJECTS

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

Employer identification number  
\*\*-\*\*\*\*\*

THE RECOMMENDATION, THE AUDIT COMMITTEE MEETS WITH THE AUDITORS AT THE

CONCLUSION OF THE AUDIT TO DISCUSS THE AUDIT RESULTS AND COMMENT

LETTER.

**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>	5/11/2017
<b>Principal Office</b>	315 WEST MARKET STREET, SUITE 2S LOUISVILLE, KY 40202
<b>Registered Agent</b>	DINSMORE AGENT CO. 101 S. FIFTH STREET SUITE 2500 LOUISVILLE, KY 40202

**Current Officers**

<b>Chairman</b>	<u>Michael Merrick</u>
<b>CEO</b>	<u>Peter Holloway</u>
<b>Director</b>	<u>Michelle Hawk Heit</u>
<b>Director</b>	<u>Ashley Butler</u>
<b>Director</b>	<u>Kristen Byrd</u>
<b>Director</b>	<u>Lea Pauley Goff</u>
<b>Director</b>	<u>Elizabeth Kaplan</u>
<b>Director</b>	<u>Peggy Krug</u>
<b>Director</b>	<u>Leisa Schulz</u>
<b>Director</b>	<u>Carl Thomas</u>
<b>Director</b>	<u>Suzanne Wright</u>
<b>Director</b>	<u>Sam Corbett</u>
<b>Director</b>	<u>Jerry Preyss</u>
<b>Director</b>	<u>Jonathan Riehm</u>
<b>Director</b>	<u>Mark Rorer</u>
<b>Director</b>	<u>Jan Helson</u>
<b>Director</b>	<u>Dot O'Brien</u>
<b>Director</b>	<u>Glenda Thome</u>
<b>Director</b>	<u>Carol Lambert</u>
<b>Director</b>	<u>Breck Thomas-Ross</u>
<b>Director</b>	<u>Jessie Broughton</u>
<b>Director</b>	<u>Jamie Paradis</u>

**Director** [Stephanie Ubelhart](#)  
**Director** [Jennifer Luhrs](#)

## Individuals / Entities listed at time of formation

**Director** [N S WILDER](#)  
**Director** [MRS HAROLD BRIGHAM](#)  
**Director** [MRS J J SIMPSON JR](#)  
**Incorporator** [N S WILDER](#)  
**Incorporator** [MRS HAROLD L BRIGHAM](#)  
**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.

<a href="#">Annual Report</a>	5/11/2017	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	3/3/2017	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/7/2016	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/7/2015	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	10/13/2014 11:23:12 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report Amendment</a>	10/13/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	8/11/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/28/2013	1 page	<a href="#">PDF</a>	
<a href="#">Name Renewal</a>	4/5/2013 11:18:42 AM	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	6/27/2012 2:22:50 PM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/27/2012	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/22/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/6/2010	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	6/30/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/25/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/11/2008	1 page	<a href="#">PDF</a>	
<a href="#">Name Renewal</a>	4/3/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/15/2007	1 page	<a href="#">PDF</a>	
<a href="#">Statement of Change</a>	6/27/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/25/2006	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/28/2005	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/8/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Name Renewal</a>	6/27/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/9/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	6/19/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/11/2001	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/2/1999	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/29/1998	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Certificate of Assumed Name</a>	6/9/1997	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>



<a href="#">Statement of Change</a>	5/2/1997	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1994	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1993	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1992	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	9 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	7 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Six Month Notice Return</a>	9/1/1986	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	2/11/1980	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	8/10/1948	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

STAGE ONE

Active

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/11/2017 10:13:08 AM	5/11/2017 10:13:08 AM	
Registered agent address change	3/3/2017 12:42:13 PM	3/3/2017	
Annual report	6/7/2016 10:17:07 AM	6/7/2016 10:17:07 AM	
Annual report	7/7/2015 10:36:43 AM	7/7/2015 10:36:43 AM	
Amendment to annual report	10/13/2014 11:25:10 AM	10/13/2014 11:25:10 AM	
Principal office change	10/13/2014 11:23:12 AM	10/13/2014 11:23:12 AM	
Annual report	8/11/2014 5:12:16 PM	8/11/2014 5:12:16 PM	
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

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

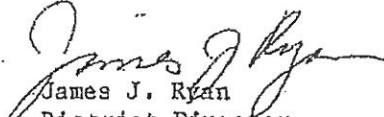
Dear Sir or Madam:

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

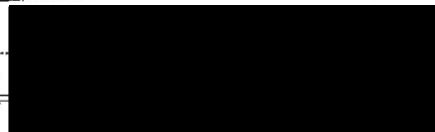
Our records show that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Also, you are not a private foundation because you are described in section 170(b)(1)(A)(vi) of the Code. Contributions to you are deductible by the donor as provided in section 170 of the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



**Stage One: The Louisville Children's Theatre, Inc.  
d/b/a StageOne Family Theatre**

**Financial Statements**

**Years Ended May 31, 2017 and 2016**

**Stage One: The Louisville Children's Theatre, Inc.  
d/b/a StageOne Family Theatre**

Table of Contents  
May 31, 2017 and 2016

	<u>Page</u>
Independent Auditor's Report .....	1 - 2
<b>Financial Statements</b>	
Statements of Financial Position .....	3
Statements of Activities and Changes in Net Assets (Deficit) .....	4
Statements of Cash Flows.....	5
Notes to Financial Statements .....	6 - 12



## **Independent Auditor's Report**

To the Board of Directors

**Stage One: The Louisville Children's Theatre, Inc.  
d/b/a StageOne Family Theatre**

We have audited the accompanying financial statements of Stage One: The Louisville Children's Theatre, Inc. d/b/a StageOne Family Theatre ("the Organization"), which comprise the statements of financial position as of May 31, 2017 and 2016 and the related statements of activities and changes in net assets (deficit), and cash flows for the years 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 audits. We conducted our audits 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.

**Kentucky  
Indiana  
Ohio**

**Mountjoy Chilton Medley LLP**

P 502.749.1900 | F 502.749.1930

2600 Meidinger Tower | 462 South Fourth Street | Louisville, KY 40202

www.mcmcpa.com | 888.587.1719

A Member of PrimeGlobal – An Association of Independent Accounting Firms

## 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 Stage One: The Louisville Children's Theatre, Inc. d/b/a StageOne Family Theatre as of May 31, 2017 and 2016, and changes in its net assets (deficit) and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink, reading "M. Chilton Madley, LLP". The signature is written in a cursive style.

Louisville, Kentucky

August 24, 2017

**Stage One: The Louisville Children's Theatre, Inc.**  
**d/b/a StageOne Family Theatre**  
**Statements of Financial Position**  
**May 31, 2017 and 2016**

	<u>2017</u>	<u>2016</u>
<b>Assets</b>		
Cash	\$ 206,170	\$ 83,952
Accounts receivable, net	17,691	43,185
Prepaid and other	51,610	61,510
Pledges receivable, net	149,805	167,236
Certificates of deposit, restricted	10,327	10,305
Property and equipment, net of accumulated depreciation	<u>59,298</u>	<u>74,585</u>
Total Assets	<u>\$ 494,901</u>	<u>\$ 440,773</u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Line of credit	\$ 40,225	\$ 98,225
Accounts payable and accrued expenses	48,058	107,814
Deferred revenue	64,351	47,532
Term loan	-	18,442
Capital lease obligation	<u>-</u>	<u>1,014</u>
Total Liabilities	152,634	273,027
<b>Commitments and Contingencies</b>		
<b>Net Assets</b>		
Unrestricted (deficit)	88,374	(99,121)
Temporarily restricted	<u>253,893</u>	<u>266,867</u>
Total Net Assets	<u>342,267</u>	<u>167,746</u>
Total Liabilities and Net Assets	<u>\$ 494,901</u>	<u>\$ 440,773</u>

See accompanying notes.



**Stage One: The Louisville Children's Theatre, Inc.**  
**d/b/a StageOne Family Theatre**  
**Statements of Activities and Changes in Net Assets (Deficit)**  
**Years Ended May 31, 2017 and 2016**

	2017			2016		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>Revenues and Support</b>						
Ticket sales and fees	\$ 335,730	\$ -	\$ 335,730	\$ 233,986	\$ -	\$ 233,986
Contributions and grants	974,557	223,164	1,197,721	846,615	173,018	1,019,633
Educational programs	103,848	-	103,848	122,462	-	122,462
Fundraising events	53,734	-	53,734	40,701	-	40,701
Rental income	1,852	-	1,852	119	-	119
Miscellaneous	15,113	-	15,113	11,217	-	11,217
	<u>1,484,834</u>	<u>223,164</u>	<u>1,707,998</u>	<u>1,255,100</u>	<u>173,018</u>	<u>1,428,118</u>
<b>Net Assets Released from Restrictions</b>						
Released for Operations	<u>236,138</u>	<u>(236,138)</u>	<u>-</u>	<u>377,589</u>	<u>(377,589)</u>	<u>-</u>
Total Revenues and Support	<u>1,720,972</u>	<u>(12,974)</u>	<u>1,707,998</u>	<u>1,632,689</u>	<u>(204,571)</u>	<u>1,428,118</u>
<b>Expenses</b>						
<b>Program Services</b>						
Productions	956,450	-	956,450	1,023,102	-	1,023,102
Educational programs	187,016	-	187,016	200,871	-	200,871
Total Program Services	<u>1,143,466</u>	<u>-</u>	<u>1,143,466</u>	<u>1,223,973</u>	<u>-</u>	<u>1,223,973</u>
<b>Supporting Services</b>						
General and administrative	209,864	-	209,864	223,483	-	223,483
Fundraising	180,147	-	180,147	144,981	-	144,981
Total Supporting Services	<u>390,011</u>	<u>-</u>	<u>390,011</u>	<u>368,464</u>	<u>-</u>	<u>368,464</u>
Total Expenses	<u>1,533,477</u>	<u>-</u>	<u>1,533,477</u>	<u>1,592,437</u>	<u>-</u>	<u>1,592,437</u>
Changes in Net Assets	187,495	(12,974)	174,521	40,252	(204,571)	(164,319)
Net Assets (Deficit) at Beginning of Year	<u>(99,121)</u>	<u>266,867</u>	<u>167,746</u>	<u>(139,373)</u>	<u>471,438</u>	<u>332,065</u>
Net Assets (Deficit) at End of Year	<u>\$ 88,374</u>	<u>\$ 253,893</u>	<u>\$ 342,267</u>	<u>\$ (99,121)</u>	<u>\$ 266,867</u>	<u>\$ 167,746</u>

See accompanying notes.

**Stage One: The Louisville Children's Theatre, Inc.**  
**d/b/a StageOne Family Theatre**  
**Statements of Cash Flows**  
**Years Ended May 31, 2017 and 2016**

	<u>2017</u>	<u>2016</u>
Operating Activities		
Changes in Net Assets	\$ 174,521	\$ (164,319)
Adjustments to reconcile changes in net assets to net cash provided by operating activities:		
Depreciation	25,349	25,572
Bad debt expense	4,211	4,357
Changes in:		
Accounts receivable	21,283	5,911
Prepaid and other	9,900	(6,160)
Pledges receivable	17,431	241,206
Accounts payable and accrued expenses	(59,756)	(9,332)
Deferred revenue	16,819	10,171
Net Cash Provided by Operating Activities	<u>209,758</u>	<u>107,406</u>
Investing Activities		
Purchases of investments and certificates of deposit	(22)	(26)
Purchases of property and equipment	<u>(10,062)</u>	<u>(23,252)</u>
Net Cash Used by Investing Activities	(10,084)	(23,278)
Financing Activities		
Payments on capital lease	(1,014)	(2,369)
Payments on term loan	(18,442)	(18,000)
Payments on line of credit	<u>(58,000)</u>	<u>(50,000)</u>
Net Cash Used by Financing Activities	<u>(77,456)</u>	<u>(70,369)</u>
Net Increase in Cash	122,218	13,759
Cash at Beginning of Year	<u>83,952</u>	<u>70,193</u>
Cash at End of Year	<u>\$ 206,170</u>	<u>\$ 83,952</u>
Supplemental Disclosure:		
Cash paid for interest	\$ 3,215	\$ 6,279

See accompanying notes.

**Stage One: The Louisville Children's Theatre, Inc.**  
**d/b/a StageOne Family Theatre**  
**Notes to Financial Statements**  
**Years Ended May 31, 2017 and 2016**

**Note A - Nature of Operations**

Stage One: The Louisville Children's Theatre, Inc. d/b/a StageOne Family Theatre ("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**

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.
2. Use of Estimates: The preparation of financial statements in conformity with GAAP 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.

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, 2017 and 2016.

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, supplies and property of \$40 and \$6,500 during the years ended May 31, 2017 and 2016, respectively.

**Stage One: The Louisville Children's Theatre, Inc.**  
**d/b/a StageOne Family Theatre**  
**Notes to Financial Statements (Continued)**  
**Years Ended May 31, 2017 and 2016**

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

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. There are no cash equivalents at May 31, 2017 and 2016.
7. Certificates of Deposit, Restricted: Certificates of deposit are pledged as collateral securing a standing letter of credit in the amount of \$10,327 and \$10,305, at May 31, 2017 and 2016, respectively, in favor of Actors' Equity Association.
8. Accounts Receivable: Accounts receivable consist of amounts due for education programs, 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.

Accounts receivable are shown net of an allowance for doubtful accounts of \$3,000 and \$840 at May 31, 2017 and 2016, respectively.

9. Pledges Receivable: Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected after one year are recorded at the present value of their expected cash flows.

No allowance for doubtful accounts is provided at May 31, 2017 and 2016 as management considers all pledges to be collectible.

10. 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 \$25,349 and \$25,572 for the years ended May 31, 2017 and 2016, respectively.
11. Deferred Revenue: Deferred revenue consists primarily of advance ticket sales and registration fees for performances and events in the following fiscal year.
12. 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.

13. Advertising Costs: Advertising costs are expensed as incurred. Advertising costs totaled \$28,777 and \$35,514 for the years ended May 31, 2017 and 2016, respectively.

**Stage One: The Louisville Children's Theatre, Inc.**  
**d/b/a StageOne Family Theatre**  
**Notes to Financial Statements (Continued)**  
**Years Ended May 31, 2017 and 2016**

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

14. Recent Accounting Pronouncements: In August 2016, the FASB issued Accounting Standards Update No. 2016-14 (ASU 2016-14), *Presentation of Financial Statements for Not-for-Profit Entities*. This updated guidance changes presentation and disclosure requirements for not-for-profit entities to provide more relevant information about their resources (and the changes in those resources) to donors, grantors, creditors and other users. This guidance includes qualitative and quantitative requirements in the following areas: 1) net asset classes, 2) investment return, 3) expenses, 4) liquidity and availability of resources, and 5) presentation of operating cash flows. This standard is effective for annual reporting periods beginning after December 15, 2017. Early adoption is permitted.

In February 2016, the FASB issued Accounting Standards Update No. 2016-02 (ASU 2016-02), *Leases*. The standard requires all leases with lease terms over 12 months to be capitalized as a right-of-use asset and lease liability on the statements of financial position at the date of lease commencement. Leases will be classified as either financing or operating. This distinction will be relevant for the pattern of expense recognition in the statements of activities and changes in net assets. This standard is not expected to have a significant impact on the financial statements of lessors. This standard will be effective for annual reporting periods beginning after December 15, 2019.

In May 2014, the FASB issued Accounting Standards Update No. 2014-09 (ASU 2014-09), *Revenue from Contracts with Customers (Topic 606)*. ASU 2014-09 supersedes the revenue recognition guidance in Topic 605, Revenue Recognition. The core principle of the guidance is that an entity should recognize revenue to depict the transfer of promised goods and services to customers in an amount that reflects the consideration to which the entity expects to be entitled in the exchange for those goods and services. This standard is effective for annual reporting periods beginning after December 15, 2018.

The Organization is currently evaluating these ASUs and their related impact on the Organization's financial statements.

15. Reclassifications: Certain reclassifications were made to the 2016 financial statements to conform to the 2017 presentation. The reclassifications had no effect on the previously reported change in net assets.

**Stage One: The Louisville Children's Theatre, Inc.  
d/b/a StageOne Family Theatre  
Notes to Financial Statements (Continued)  
Years Ended May 31, 2017 and 2016**

**Note C - Pledges Receivable**

Pledges receivable at May 31, 2017 and 2016 consist of the following:

	<u>2017</u>	<u>2016</u>
Pledges receivable	\$ 149,962	\$ 168,029
Less discounts to net present value	<u>(157)</u>	<u>(793)</u>
	<u>\$ 149,805</u>	<u>\$ 167,236</u>
Gross pledges receivable are due according to the following schedule:		
Less than one year	\$ 144,962	
One to five years	<u>5,000</u>	
Total Unconditional Promises to Give	<u>\$ 149,962</u>	

Contributions receivable in future periods are discounted using a rate of 3.25%.

**Note D - Property and Equipment**

Property and equipment at May 31, 2017 and 2016 consists of the following:

	<u>2017</u>	<u>2016</u>
Furniture, fixtures and equipment	\$ 80,418	\$ 72,141
Costumes and supplies	25,759	25,759
Computer hardware and software	39,923	46,316
Leasehold improvements	62,686	62,686
Vehicles	9,455	9,455
Equipment acquired under capital lease	<u>-</u>	<u>8,925</u>
	218,241	225,282
Less accumulated depreciation	<u>(158,943)</u>	<u>(150,697)</u>
	<u>\$ 59,298</u>	<u>\$ 74,585</u>

**Note E - Lines 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 prime plus 0.5%. During 2017 the line of credit was extended through June 30, 2018. Terms of the renewal require monthly principal payments of \$3,000. The renewal removed the guarantee by a member of the Board of Directors. At May 31, 2017 and 2016, \$40,225 and \$98,225 is outstanding on the line of credit, respectively.

**Stage One: The Louisville Children's Theatre, Inc.**  
**d/b/a StageOne Family Theatre**  
**Notes to Financial Statements (Continued)**  
**Years Ended May 31, 2017 and 2016**

**Note E - Lines of Credit and Long-term Debt (Continued)**

The annual maturities of principal on the line of credit are as follows:

<u>Year Ended</u>	<u>Amount</u>
2018	\$ 36,000
2019	4,225
	<u>\$ 40,225</u>

The Organization has a \$50,000 bank line of credit which bears interest at prime plus 2.65%. The line of credit is secured by the Organization's assets and matures March 2018. No amount was borrowed on the line of credit at May 31, 2017 and 2016.

The Organization had an unsecured term loan bearing interest of 6.55% and due June 9, 2017. The balance was paid in full during the year ended May 31, 2017. At May 31, 2016, \$18,442 was outstanding on the term loan.

**Note F - Capital Lease Obligation**

The Organization had a capital lease obligation for a copier. Terms of the lease required monthly payments of \$210, including interest at 6%. The lease was paid in full during the year ended May 31, 2017.

**Note G - Temporarily Restricted Net Assets**

At May 31, 2017 and 2016, the Organization has \$253,893 and \$266,867, respectively, in temporarily restricted net assets available for future programs.

**Note H - Operating Leases**

Effective May 1, 2014, the Organization entered into a non-cancelable operating lease for storage and set construction space through May 31, 2019. Monthly base rent under the lease ranges from \$3,350 to \$3,950 per month over the term of the lease. Rent expense is recognized on a straight-line basis in the accompanying financial statements and totaled \$43,200 for each of the years ended May 31, 2017 and 2016.

Effective September 2014, the Organization entered into an operating lease for office space through August 31, 2020. Monthly rent under the lease ranges from \$1,600 and \$1,900. Rent expense is recognized on a straight-line basis in the accompanying financial statements and totaled \$21,000 for each of the years ended May 31, 2017 and 2016.

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.

**Stage One: The Louisville Children's Theatre, Inc.**  
**d/b/a StageOne Family Theatre**  
**Notes to Financial Statements (Continued)**  
**Years Ended May 31, 2017 and 2016**

**Note H - Operating Leases (Continued)**

The total non-cancelable operating lease payments are as follows:

<u>Year Ending May 31,</u>	<u>Amount</u>
2018	\$ 66,750
2019	69,675
2020	22,800
2021	<u>5,700</u>
Total	<u>\$ 164,925</u>

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

The Organization is a participating employer in a separate trustee-managed multiemployer defined benefit pension plan for employees who participate in collective bargaining agreements ("the Plan"). The Plan generally provides 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 Plan is managed by a board of trustees. Although the Organization is not represented on the board of trustees, other contributing employers may be members of the board. Contributions of \$2,833 and \$2,642 were charged to pension expense for ongoing participation in this plan during the years ended May 31, 2017 and 2016, respectively.

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 the collective bargaining agreement, the Organization could discuss and negotiate for the complete or partial withdrawal from the Plan. 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 liability could be material to the Organization's change in net assets in the period of the withdrawal. As of May 31, 2017, the Organization has no plans to withdraw from the Plan.



**Stage One: The Louisville Children's Theatre, Inc.**  
**d/b/a StageOne Family Theatre**  
**Notes to Financial Statements (Continued)**  
**Years Ended May 31, 2017 and 2016**

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

The Organization's participation in the Plan as of May 31, 2017 and 2016, and for the years ended May 31, 2017 and 2016 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.

Pension Fund	Equity-league Pension Trust Fund		I.A.T.S.E. National Pension Fund		AFM & Employers' Pension Plan	
EIN/ Pension Plan Number	13-6696817-001		13-1849172-001		51-5120204-001	
Pension Protection Act Zone Status	May 31, 2016 May 31, 2015	Green Green	December 31, 2016 December 31, 2015	Green Green	March 31, 2016 March 31, 2015	Red Red
FIP/ RP Status Pending/ Implemented	No		No		Yes/Implemented	
Company Contributions - 2017	\$2,833		-		-	
Company Contributions - 2016	\$2,642		-		-	
Surcharge Imposed	No		No		No	
Greater than 5% Contributor to the Plan	No		No		No	
Expiration Date of Collective Bargaining Agreement	June 30, 2019		N/A		May 31, 2017	

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 \$23,975 and \$22,575 for the years ended May 31, 2017 and 2016, respectively.

**Note J - Concentrations**

At May 31, 2017 and 2016, pledges from two donors represent 62% and 45% of gross pledges receivable and receivables from three and two customers represent 66% and 73% of accounts receivable, respectively. During the years ended May 31, 2017 and 2016, the Organization received 33% and 59% of total contributions and grants from one donor and three donors, respectively.

StageOne Family Theatre Budget/Actual Comparisons Years Ended May 31, 2013-2018									
	FY2013 (Actual)	FY2014 (Actual)	FY15 (Actual)	FY16 (Actual)	FY17 (Budget)	FY17 (Projected)	FY18 (Budget)		
<b>Revenues:</b>									
Earned revenues:									
Ticket sales	344,303	213,258	304,216	233,986	321,272	341,538	333,990		
Education program fees	87,925	117,044	121,949	122,463	112,680	106,680	98,100		
Other	16,380	21,468	6,251	11,335	6,400	11,742	6,000		
<b>Total earned revenues</b>	<b>448,608</b>	<b>351,770</b>	<b>432,417</b>	<b>367,784</b>	<b>440,352</b>	<b>459,961</b>	<b>438,090</b>		
<b>Contributed income:</b>									
Individuals, corporate & foundations	529,467	1,009,076	667,503	731,118	737,200	641,778	770,200		
Government & other grants	77,514	85,788	195,888	71,566	182,000	111,726	66,500		
Fund for the Arts allocation - regular	450,000	400,000	400,000	400,000	400,000	400,000	400,000		
Fund for the Arts allocation - matching	11,382	22,490	18,307	15,000	5,000	2,634	5,000		
Supplemental (Events, P2G, PIF)	15,574	20,585	22,540	40,701	40,000	48,810	35,000		
In-kind	5,089	5,079	33,171	6,501	7,000	40	1,000		
Releases from restrictions									
<b>Total contributed income</b>	<b>1,089,026</b>	<b>1,543,018</b>	<b>1,337,409</b>	<b>1,264,906</b>	<b>1,371,200</b>	<b>1,204,988</b>	<b>1,277,700</b>		
<b>Total revenue</b>	<b>1,537,634</b>	<b>1,894,788</b>	<b>1,769,826</b>	<b>1,632,690</b>	<b>1,811,552</b>	<b>1,664,949</b>	<b>1,715,790</b>		
<b>Expenses:</b>									
Productions - direct costs	602,181	400,602	403,395	367,450	447,243	373,732	395,103		
Production overhead	149,308	313,333	360,557	463,264	438,509	447,146	430,688		
Education - direct costs	13,635	25,351	29,682	44,486	52,652	34,562	51,388		
Education overhead	139,291	149,260	146,025	151,665	158,146	158,485	159,344		
Marketing	146,376	134,111	159,167	192,392	160,294	157,777	160,420		
Development	136,180	187,935	119,103	149,700	172,528	180,237	195,119		
Finance & administrative	386,955	402,501	393,685	223,480	233,765	205,715	218,083		
<b>Total expenses</b>	<b>1,573,926</b>	<b>1,613,093</b>	<b>1,611,615</b>	<b>1,592,437</b>	<b>1,663,137</b>	<b>1,557,653</b>	<b>1,610,144</b>		
<b>Income (loss) before non-recurring items</b>	<b>(36,292)</b>	<b>281,695</b>	<b>158,211</b>	<b>40,253</b>	<b>148,415</b>	<b>107,296</b>	<b>105,646</b>		
<b>Non-recurring items</b>	<b>40,737</b>								
<b>Net income (loss)</b>	<b>4,445</b>	<b>281,695</b>	<b>158,211</b>	<b>40,253</b>	<b>148,415</b>	<b>107,296</b>	<b>105,646</b>		

## Tackett, Danielle

---

**From:** Yates, David  
**Sent:** Wednesday, March 7, 2018 11:14 AM  
**To:** Tackett, Danielle  
**Cc:** Boles, Brian  
**Subject:** Re: NDF signature

I gave Brian permission to sign for the NDF.

Thank you,

David Yates  
District 25 Councilman  
601 West Jefferson St., 3rd Floor  
Louisville, KY 40202

On Mar 7, 2018, at 10:41 AM, Tackett, Danielle <[Danielle.Tackett@louisvilleky.gov](mailto:Danielle.Tackett@louisvilleky.gov)> wrote:

Good morning,

I have submitted the NDF application for the Stage One Hamlet production but LaTonya has requested an email giving Brian permission to sign. Could you please provide this so it will be ready to be heard on the 14<sup>th</sup>?

Thank you,  
Danielle Tackett



Danielle Tackett | Staff Helper  
Office of Councilman Rick Blackwell  
601 W. Jefferson Street | Louisville, KY 40202  
☎ (502) 574-1112 ☎ (502) 574-3363  
[www.RickBlackwell.com](http://www.RickBlackwell.com)