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

StageOne: The Louisville Children's Theetre
Applicant/Program: StageOne: The Louisville Children's Theatre
Applicant Requested Amount: \$4,997.00
Appropriation Request Amount:
Executive Summary of Request
Grant to support the Fall 2016 production of "Click Clack Moo: Cows That Type" which runs September 7-30,
2016. Funds will help subsidize tickets for Louisville Schools. These funds will help cover the ticket cost for
several schools who are unable to pay themselves and were unable to secure 5x5 funding through Fund for
the Arts. Proposed schools are: Field, Chenoweth, Crumbs Lane, Watson Lane, Coolridge Taylor and
Jeffersontown.
Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization?
Does this application include funding for sub-grantee(s)?
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.
purpose is registrated. That is also completed the disclosure section below, it required.
\$980 08/30/2016
District # Primary Sponsor Signature Amount Date
Amount Date
Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this
organization, its volunteers, its employees or members of its board of directors.
Approved by:
Approved by.
Appropriations Committee Chairman Date

Applicant/Program:		
StageOne: The Louisville Children's	s Theatre	
Add	ditional Disclosure and Signatures	
Additional Council Office Dis- List below any personal or busines		tive assistant have with this
	,	
Council Member Signature an	nd Amount	
District 1	\$	-
District 2	<u> </u>	-
District 3	<u> </u>	-
District 4	<u> </u>	-
District 5	<u> </u>	, -
District 6	\$	-
District 7	<u> </u>	
District 8		
District 9		
District 10		
District 11	<u> </u>	
District 12	\$	
District 13		
District 14		
District 15		

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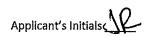
Additional Disclosure and Signatures Additional Council Office Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors. District 16	Applicant/Program:	-	
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	StageOne: The Louisville Children'	's Theatre	
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	Ado	ditional Disclosure and Signatures	
District 17	Additional Council Office Dis List below any personal or busine	sclosure ss relationship you, your family or your legislative assistant h	ave with this
District 17			
District 18	District 16	<u> </u>	
District 19	District 17	\$	
District 20	District 18	<u> </u>	
District 21	District 19	<u> </u>	
District 22\$	District 20	<u> </u>	
District 23	District 21	\$	
District 24\$	District 22	\$	
District 25 \$	District 23	\$	
District 26 \$	District 24	<u> </u>	
	District 25	\$	
3 Page			

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

SECTION 1 – AP	PLICANT INFORMATION	
Legal Name of Applicant Organization:	e The Louisville Childrer	os Theatra Inc
(as listed on: http://www.sos.ky.gov/business/records		
Main Office Street & Mailing Address: 315 W Market	et Street, Ste 2S, Louisvil	le KY 40202
Website: www.stageone.org		
Applicant Contact: Jessica Roth	Title:	Director of Development
Phone: 502.498.2444	Email:	jroth@stageone.org
Financial Contact: Mike Brooks	Title:	Director of Finance
Phone: 502.498.2438	Email:	mbrooks@stageone.org
Organization's Representative who attended NDF Tra	aining:Amy Attaway	
GEOGRAPHICAL AREA(S) WHERE PRO	OGRAM ACTIVITIES ARE ((WILL BE) PROVIDED
Program Facility Location(s): Kentucky Center for t	he Arts	and the second of the second o
Council District(s): 4	Zip Code(s):	40202
SECTION 2 — PROGRAM REC	UEST & FINANCIAL INFO	DRIVATION
PROGRAM/PROJECT NAME: Click Clack Moo: Cows	That Type	
Total Request: (\$) 4,998 Total Metro	Award (this program) ir	n previous year: (\$) 24750
Purpose of Request (check all that apply):		
Operating Funds (generally cannot exceed 3	3% of agency's total oper	rating budget)
Programming/services/events for direct ben	efit to community or qua	alified individuals
Capital Project of the organization (equipme	ent, furnishing, building, e	etc)
The Following are Required Attachments:		
■ IRS Exempt Status Determination Letter	Signed lease if rent	costs are being requested
Current year projected budget	IRS Form W9	
■ Current financial statement	Evaluation forms if	used in the proposed program
■ Most recent IRS Form 990 or 1120-H	Annual audit (if requ	uired by organization)
■ Articles of Incorporation (current & signed)	Faith Based Organiz	ation Certification Form, if applicable
Cost estimates from proposed vendor if request is for capital expense		
For the current fiscal year ending June 30, list all fund Government for this or any other program or expense from any department or Metro Council Appropriation sheet if necessary.	, including funds received	through Metro Federal Grants,
Source:	Amount: (\$)	
Source:	Amount: (\$)	
Source:	Amount: (\$)	
Has the applicant contacted the BBB Charity Review fo	r participation? Yes	■ No
Has the applicant met the BBB Charity Review Standar	ds? ■ Yes No	

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	SECTION 3 - AGENC	Y DETAILS		
Describe Agency's Vision, Mission and	Services:			
StageOne Family Theatre's mission is to i empathy.	inspire children by open	ing the door to imagina	tion, opportunity and	
Founded in 1946, StageOne is the oldest pof theatre for young audiences. Serving a the leading arts educator in this communitand Spring Break and Summer Camp opptool for reaching kids, and parents a chanck Kindergarten Readiness, Sensory-Friendly of arts experiences for the kids who need	almost 90,000 children a ty. Our shows at the Ke cortunities are tied to edu ce to engage with their c y Performances, and Pla	nd families each year a entucky Center for the A acational curriculums, g children as they learn. I y-It-Forward set Stage(cross the region, StageOne arts, workshops in schools giving teachers an addition Unique programs like	e is , ial
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SECTION 4 - BOARD OF DIRECTORS AND PAID	STATE
Board Member	Term End Date
Michael Merrick, President	2nd term ends 2019
Eric Benson	2nd term ends 2019
Jessie Broughton	1st term ends 2017
Faith Bushnaq	1st term ends 2019
Ashley Butler	2nd term ends 2018
Kristen Byrd	2nd term ends 2019
Sam Corbett	1st term ends 2018
Lea Goff	2nd term ends 2019
Michelle Heit	2nd term ends 2019
Гyler Hampton	1st term ends 2018
an Helson	1st term ends 2017
Elizabeth Kaplan	2nd term ends 2019
Peggy Krug	1st term ends 2017
Carol Lambert	2nd term ends 2019
ennifer Luhrs	1st term ends 2019
Oot O'Brien	1st term ends 2019
full list of board members and term limits 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

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 \$4,998 in Neighborhood Development Funds to support our fall 2016 production of "Click Clack Moo: Cows That Type" which runs Sept 7 - Sept 30 2016. Community support is crucial in subsidizing tickets for Louisville Metro Schools.
Children need the arts. Study after study has shown that exposure to the arts is critical to the development of creative thinkers and problem solvers. Arts experiences help students improve test scores, 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 believes 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):
This support would allow StageOne the funding needed to cover the ticket costs for several area schools who are
mable to pay themselves, and were unable to secure 5x5 funding through Fund for the Arts.

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:
variable be specific before the grant award period, identity 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.
Due to the 8/25/16 release of 5x5 arts grants from Fund for the Arts, many schools were unable to know if they could keep their reservations which depended upon the funding of 5x5 funding. Upon the release of this information we quickly identified the school in need of funding and reached out to their Metro Council members for assistance. Submitting our application on August 26th, StageOne did our best to quickly get all paperwork submitted for Metro Council's approval.
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.
i

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 "Click Clack Moo: Cows That Type" at zero ticket cost to nearly 800 elementary students in Jefferson County Public Schools.

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 student and chaperon numbers for that day, this provides a means of counting total attendance both day-to-day and overall.

Indicators to be measured: 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.

StageOne has a stated goal of "building bridges to leverage its own core strengths and those of its partners and peers, providing greater service and clarity to its community." Examples of this work locally include:

A partnership with UofL has continued on multiple levels. Joining forces for kindergarten readiness, PNC, The UofL College of Education and Human Development and StageOne are working to integrate university students with StageOne education team members as they design and implement programming in area schools. The PNC Foundation has funded this initiative for the past two years. The PNC Grow Up Great Fellowship introduces students in the program to arts-in-education techniques and provides experiential learning through participation in StageOne's Kindergarten Readiness Initiative as teaching artists.

StageOne now offers sensory-friendly performances of all its shows, thanks in part to a partnership with UofL's Autism Training Center and the Kentucky Center for the Arts.

Hands-on Technical Theatre Training - Lincoln Performing Arts School, Western Middle School and the Norton Foundation. This year-long technical theatre residency provided a robust training ground for students interested in the myriad job that reside in the wings. Weekly lessons in such disciplines as costuming, lighting, stage management, set design, and set construction culminated in invaluable hands-on experience as all students served as production crew for the school's spring performances.

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Applicant's Initials

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.

		Calumn 1	ľ	olumn 2	Column (1+2)=3	
Program/Project Expenses		ropused Dro Funds	1	Non Aetro unds	Fotal Funds	
A: Personnel Costs Including Benefits						
B: Rent/Utilities						
C: Office Supplies				7		
D: Telephone						
E: In-town Travel						
F: Client Assistance (See Detailed List on Page 8)		4,998	3	0,744	35,742	
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)						
*TOTAL PROGRAM/PROJECT FUNDS						
% of Program Budget	14	%	86	%	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)	30,744
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	30,744

^{*}Total of Column 1 MUST match "Total Request on Page 1, Section 2"

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Applicant's Initials

^{**}Must equal or exceed total in column 2.

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
Field Elementary School - 56 students	392		392
Chenoweth Elementary School - 84 students	588		588
Crumbs Lane Elementary School - 235 students	1,645		1,645
Watson Lane Elementary School - 153 students	1,071		1,071
Coolridge Taylor Elementary School - 125 students	500		500
Jeffersontown Elementary School - 115 students	802		802
39 other JCPS elementary schools - 4,392 students		30,744	30,744
Total	4,998	30,744	35,742

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 Wethod of Valuation Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind) * DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER **PERSON PER WEEK** Agency Fiscal Year Start Date: 06/01 Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES 🗌 If YES, please explain:

SECTION 7 - CERTIFICATIONS & 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.
- Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using
 their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal
 gain.
- 3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- 4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- 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.
- 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 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.

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.

 Signature of Legal Signatory:
 Date:
 Aug 26, 2016

 Legal Signatory: (please print):
 Jessica Roth
 Title:
 Director of Development

 Phone:
 502.498.2444
 Extension:
 Email:
 jroth@stageone.org



2016-2017 Board of Directors

CHAIR:

Merrick, Michael C.

Partner

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Louisville, KY 40202 Bus: 502-540-2321

E-mail: michael.merrick@dinsmore.com

Broughton, Jessie

Medical Sales Black Lab Medical 416 Pennington Lane Louisville, KY 40207



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Bus: 502-893-4540

E-mail: liftalifefoundation@gmail.com

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E-mail: kristen.byrd@pnc.com

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Goff, Lea

Partner Stoll Keenon Ogden, PLLC 500 West Jefferson Street, Suite 2000 Louisville, Kentucky 40202-2828 Bus: 502-568.5731

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Brand Builder, Public Affairs
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Bus: 502-874-8400

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E-mail: tyler.hampton@yum.com

Heit, Michelle Hawk



Helson, Jan

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E-Mail: jhelson@globalgamechangers.org

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Lambert, Carol



Luhrs, Jennifer

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jennifer.luhrs@kindred.com

O'Brien, Dot

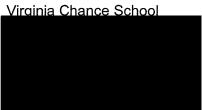
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E-mail: Dorothy.O'brien@lge-ku.com

Paradis, Jamie

Director of Admissions



Jerry Preyss

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Jonathan Riehm

Manager, Business Applications Brown-Forman 620 W Main Street Louisville, KY 40202 E-mail: jonathan_riehm@b-f.com

Rorer, Mark

Plant Engineering Manager UPS Airlines 802 Grade Lane Louisville, KY 40213

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Schulz, Leisa

Superintendent of Schools Archdiocese of Louisville 1935 Lewiston Place Louisville, KY 40216 Bus: 502-448-8581

E-mail: lschulz@archlou.org

Thomas, Carl

Immediate Past CEO
The Gheens Foundation
401 West Main Street, Suite 705
Louisville, KY 40202

Bus: 502-584-4650

E-mail:

Thomas-Ross, Breck

Corporate Communications Humana 500 W. Main Street – 20th floor Louisville, KY 40202

E-mail: bathomas@humana.com

Thome, Glenda

Community Volunteer



Ubelhart, Stephanie L.

Donor Relations Coordinator Norton Healthcare Foundation 234 E. Gray Street, Suite 450 Louisville, KY 40202

Bus: 502.445.8974

E-mail: Stephanie.ubelhart@nortonhealthcare.org

Wright, Suzanne

Director- Curriculum Management Jefferson County Public Schools The Gheens Academy 4425 Preston Highway Louisville, KY 40213

Bus: 502-485-3053

E-mail: Suzanne.wright2@jefferson.kyschools.us

HONORARY MEMBERS:

Barnum, Laura Melillo

V.P., Community Relations Executive Director Yum! Brands Foundation Yum! Brands 1441 Gardiner Lane Louisville, KY 40213

Bus: 502-874-2944

E-mail: laura.melillo@yum.com

Berry, Mike

President & CEO Kentucky Derby Festival 1001 South Third Street Louisville, KY 40203 Bus: 502-584-6383

E-mail: mberry@kdf.org

Chand, Chuck

Managing Partner Samos Capital, LLC 1131 East Main, Suite 107 Tustin, CA 92780 Bus: 714-716-5041

E-Mail: chuck@samoscapital.com

Ellis, Stephen B.

Assistant Professor Hanover College P.O. Box 108 Hanover, IN 47243 Bus 812-866-7285



Holloway, Peter (Ex Officio)

Producing Artistic Director Stage One Family Theatre 315 W Market Street, Suite 2S Louisville, KY 40202

Bus: 502-498-2440

E-mail: pholloway@stageone.org

Hargens, Donna Ed.D

Superintendent Jefferson County Public School VanHoose Education Center 3332 Newburg Road Louisville, KY 40218

Bus: (502) 485-3251

E-mail: Donna.hargens@jefferson.kyschools.us

Ording, Tom



David Smith

Assistant Chief Pilot UPS Airlines

Email: dhsmith@ups.com

StageOne Board - Term Limits

Michael Merrick 1st term ends 2016 Eric Benson 1st term ends 2016 Jessie Broughton 1st term ends 2018 Faith Bushnaq 1st term ends 2019 Ashley Butler 1st term ends 2016 Kristen Byrd 1st term ends 2016 Sam Corbett 1st term ends 2018 Lea Goff 1st term ends 2016 Michelle Heit 2nd term ends 2016 Jan Helson 1st term ends 2017 Elizabeth Kaplan 1st term ends 2016 Peggy Krug 1st term ends 2017 Carol Lambert 2nd term ends 2016 Jennifer Luhrs 1st term ends 2019 Dot O'Brien 1st term ends 2018 Jamie Paradis 1st term ends 2018 1st term ends 2018 Jerry Preyss Jonathan Riehm 1st term ends 2018 Mark Rorer 1st term ends 2017 Leisa Schulz 2nd term ends 2016 **Breck Thomas-Ross** 1st term ends 2018 Carl Thomas 1st term ends 2016 Glenda Thome 1st term ends 2018 1st term ends 2018 Stephanie Ubelhart Suzanne Wright 1st term ends 2016 Tyler Hampton 1st term ends 2018

*Board members can serve 2 consecutive three year terms and must then roll off for at least one year before returning.



MEMORANDUM

TO: Louisville Metro Government Mike Brooks, Business Manager

RE: Staff Compensation

StageOne's key employees and their FY2017 salaries are as follows:

Peter Holloway, Producing Artistic Director \$137,800
Jessica Roth, Director of Development \$65,000
Mike Brooks, Business Manager \$62,500

StageOne's board of directors serves on a voluntary basis.

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

Mike Brooks

Business Manager 502-498-2438

mbrooks@stageone.org

Internal Revenue Service

Department .. 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 1d

StageOne Family Theatre Operating Budget, FY12-16 OVERVIEW

	11-Months FY12	12-Months FV13		5 745	FV45	EVAC
	Audited		FY14	FY15	FY15	FY16
Revenue:	Audited	Audited	Audited	Budget	Forecast	Budget
Earned Revenue:						
Ticket sales	369.281	344,303	213,258	323,200	308,410	319,280
Education program fees	86,837	87,925	117,044	91,000	106,985	85,000
Other	15,723	16,381	21,468	5,300	4,984	5,212
Total Earned Revenue	471,841	448,609	351,770	419,500	420,379	409,492
Contributed Income:						
Individuals, Corporate & Foundations	333,340	529,467	1,024,076	750,000	788,995	805,000
Government & Other Grants	90,250	77,514	70.788	60,000	84,579	57,500
Fund for the Arts allocation - regular	301,123	450,000	400,000	400,000	400,000	400,000
Fund for the Arts allocation - special	6,673	11,382	22,490	15,000	42,000	15,000
Fund Raising events (net)	6,770	15,574	20,585	28,000	26,887	25,000
In-Kind Contributions	14,305	5,089	5,079	7,000	25,504	7,000
Total Contributed Income	752,461	1,089,026	1,543,018	1,260,000	1,367,965	1,309,500
Total Revenue	1,224,302	1,537,635	1,894,788	1,679,500	1,788,344	1,718,992
Expenses:						
Productions - direct costs	763,969	602,182	400,602	414,702	414,681	407,563
Production - overhead	135,852	149,306	313,331	312,469	347,488	338,299
Education	148,106	152,925	174,611	169,932	170,684	175,526
Marketing and Patron Services	126,094	146,375	134,111	153,378	163,130	164,069
Development Finance & Administration	74,797	136,180	187,935	120,064	120,639	124,939
Finance & Auministration	347,955	386,957	402,504	388,197	395,839	379,066
Total Expenses	1,596,773	1,573,925	1,613,094	1,558,742	1,612,462	1,589,462
Income (loss) before Non-Recurring Items	(372,471)	(36,290)	281,694	120,758	175,882	129,530
Non-Recurring Items	26,399	40,737	0	0	0	0
Net Income (Loss)	(346,072)	4,447	281,694	120,758	175,882	129,530
EBITDA:						
Net income (loss) above	(346,072)	4,447	281,694	120,758	175,882	129,530
Depreciaton and amortization	18,163 [°]	19,340	20,993	19,400	19,400	19,660
Interest expense	13,318	14,800	14,911	12,400	12,400	12,500
EBITDA	(314,591)	38,587	317,598	152,558	207,682	161,690

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

Financial Statements

Years Ended May 31, 2015 and 2014

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

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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, 2015 and 2014 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.

Mountjoy Chilton Medley LLP

Independent Auditor's Report (Continued)

Munty Childen Midly LLP

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, 2015 and 2014, and changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Louisville, Kentucky

December 4, 2015

Stage One: The Louisville Children's Theatre, Inc. d/b/a StageOne Family Theatre
Statements of Financial Position
May 31, 2015 and 2014

	2015	2014
Assets		
Cash	\$ 70,193	\$ 35,203
Certificates of deposit, restricted	10,279	10,265
Accounts receivable, net	53,453	33,901
Prepaid and other	55,350	35,018
Pledges receivable, net	408,442	490,422
Property and equipment, net of		
accumulated depreciation	76,905	40,841
Total Assets	\$ 674,622	\$ 645,650
Liabilities and Net Assets		
Liabilities		
Line of credit	\$ 148,225	\$ 248,225
Accounts payable and accrued expenses	117,146	154,794
Deferred revenue	37,361	41,706
Term loan	36,442	54,442
Capital lease obligation	3,383	5,637
Total Liabilities	342,557	504,804
Commitments and Contingencies		
Net Assets (Deficit)		
Unrestricted	(139,373)	(297,509)
Temporarily restricted	471,438	438,355°
Total Net Assets (Deficit)	332,065	140,846
Total Liabilities and Net Assets (Deficit)	\$ 674,622	\$ 645,650

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, 2015 and 2014

•	2015 Temporarily		2014 Temporarily			
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
Revenues and Support						
Ticket sales and fees	\$ 304,217	\$ -	\$ 304,217	\$ 213,256	\$ -	\$ 213,256
Contributions and grants	974,581	340,244	1,314,825	1,230,271	424,355	1,654,626
Educational programs	121,949	-	121,949	117,042	-	117,042
In-kind gifts	33,170	-	33,170	5,079	-	5.079
Fundraising events	25,887	-	25,887	13,162	-	13,162
Novelty and concession sales	332	-	332	525	-	525
Rental income	1,512	-	1,512	1,793	-	1,793
Miscellaneous	4,271		4,271	19,289	-	19,289
Interest	15	_	15	21		21
Total Revenues and Support	1,465,934	340,244	1,806,178	1,600,438	424,355	2,024,793
Net Assets Released from Restrictions:						
Released for Operations	307,161	(307,161)		294,506	(294,506)	
Total Revenues and Support	1,773,095	33,083	1,806,178	1,894,944	129,849	2,024,793
Expenses						
Program Services						
Productions	1,031,829	-	1,031,829	946,030	-	946,030
Educational programs	182,200		182,200	181,581		181,581
Total Program Services	1,214,029	-	1,214,029	1,127,611	-	1,127,611
Supporting Services						
General and administrative	238,552	-	238,552	255,082	-	255,082
Fundraising	162,378		162,378	231,553		231,553
Total Supporting Services	400,930		400,930	486,635	_	486,635
Total Expenses	1,614,959	-	1,614,959	1,614,246		1,614,246
Changes in Net Assets	158,136	33,083	191,219	280,698	129,849	410,547
Net Assets (Deficit) at Beginning of Year	(297,509)	438,355	140,846	(578,207)	308,506	(269,701)
Net Assets (Deficit) at End of Year	\$ (139,373)	\$ 471,438	\$ 332,065	\$ (297,509)	\$ 438,355	\$ 140,846

Stage One: The Louisville Children's Theatre, Inc. d/b/a StageOne Family Theatre Statements of Cash Flows Years Ended May 31, 2015 and 2014

	2015	2014	
Operating Activities			
Changes in Net Assets	\$ 191,219	\$ 410,547	
Adjustments to reconcile changes in net assets to			
net cash provided by operating activities:			
Depreciation	20,313	18,341	
Contributions of property and equipment	(20,975)	-	
Loss on disposal of equipment	•	4,512	
Changes in:			
Accounts receivable	(19,552)	(10,522)	
Prepaid expenses	(20,332)	37	
Pledges receivable	81,980	(406,782)	
Accounts payable and accrued expenses	(37,648)	(13,389)	
Deferred revenue	(4,345)	5,697	
Net Cash Provided by Operating Activities	190,660	8,441	
Investing Activities			
Purchases of investments and certificates of deposit	(14)	(21)	
Proceeds from sales of investments	-	15,322	
Purchases of property and equipment	(35,402)	(12,818)	
Net Cash (Used) Provided by Investing Activities	(35,416)	2,483	
Financing Activities			
Payments on capital lease	(2,254)	(2,113)	
Payments on term loan	(18,000)	(18,000)	
Payments on line of credit	(100,000)		
Net Cash Used by Financing Activities	(120,254)	(20,113)	
Net Increase in Cash	34,990	(9,189)	
Cash at Beginning of Year	35,203	44,392	
Cash at End of Year	\$ 70,193	\$ 35,203	
Supplemental Disclosure			
Cash paid for interest	\$ 10,731	\$ 13,846	
Noncash Investing and Financing	. ,		
Property and equipment purchases in accounts payable	· -	8,522	
Donated property and equipment	20,975	- j -	
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See accompanying notes.

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. <u>Basis of Accounting</u>: 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. <u>Use of Estimates</u>: 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. <u>Subsequent Events</u>: 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. <u>Donor-imposed Restrictions</u>: 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, 2015 and 2014.

Note B - Summary of Significant Accounting Policies (Continued)

- 5. <u>Contributed Services, Supplies, Property and Rent</u>: 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 \$33,170 and \$5,079 during the years ended May 31, 2015 and 2014, respectively.
- 6. <u>Cash and Cash Equivalents</u>: 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, 2015 and 2014.
- 7. <u>Certificates of Deposit, Restricted</u>: Certificates of deposit are pledged as collateral securing a standing letter of credit in the amount of \$10,279 and \$10,265, at May 31, 2015 and 2014, respectively, in favor of Actors' Equity Association.
- 8. Accounts Receivable: Accounts receivable consist of amounts due for musical camps and ticket sales. The Organization provides an allowance for doubtful accounts which is based upon a review of outstanding receivables, historical collection information, and existing economic conditions. Accounts receivable are due 30 days after the date of sale. Accounts receivable past due more than 120 days are considered delinquent. Delinquent receivables are written off based on individual credit evaluation and specific circumstances of the customer.
 - Accounts receivable are shown net of an allowance for doubtful accounts of \$1,660 and \$710 at May 31, 2015 and 2014, respectively.
- 9. <u>Pledges Receivable</u>: 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.
 - Pledges receivable are show net of an allowance for doubtful accounts of \$1,500 at May 31, 2015. There was no allowance established May 31, 2014.
- 10. <u>Property and Equipment</u>: 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 \$20,313 and \$18,341 for the years ended May 31, 2015 and 2014, respectively.
- 11. <u>Deferred Revenue</u>: Deferred revenue consists primarily of advance ticket sales and registration fees for performances and events in the following fiscal year.
- 12. <u>Income Tax Status</u>: The Organization is organized as a not-for-profit organization and is exempt from federal taxation under the provisions of Section 501(c)(3) of the Internal Revenue Code.
 - The Organization recognizes uncertain income tax positions using the "more-likely-than-not" approach as defined in the ASC. No liability for uncertain tax positions has been recorded in the accompanying financial statements. The Organization's 2011 2014 tax years remain open and subject to examination.

Note B - Summary of Significant Accounting Policies (Continued)

- 13. <u>Advertising Costs</u>: Advertising costs are expensed as incurred. Advertising costs totaled \$26,891 and \$17,760 for the years ended May 31, 2015 and 2014, respectively.
- 14. <u>Reclassifications</u>: Certain reclassifications have been made to the 2014 financial statements to conform to the 2015 presentation. The reclassifications had no effect on the previously reported change in net assets.

Note C - Pledges Receivable

Pledges receivable at May 31, 2015 and 2014 consist of the following:

	2015	2014
Pledges receivable Less allowance for uncollectible pledges Less discounts to net present value	\$ 418,164 (1,500) (8,222)	\$ 506,720 (16,298)
	\$ 408,442	\$ 490,422
Gross pledges receivable are due according to the following schedule:		
Less than one year	\$ 233,114	\$ 209,887
One to five years	185,050	296,833
Total Unconditional Promises to Give	\$ 418,164	\$ 506,720

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

Note D - Property and Equipment

Property and equipment at May 31, 2015 and 2014 consists of the following:

•	2015	2014
Furniture, fixtures and equipment	\$ 68,2	243 \$ 65,808
Costumes and supplies	25,7	759 25,759
Computer hardware and software	35,3	305 23,235
Leasehold improvements	54,3	18,341
Vehicles	9,4	9,455
Equipment acquired under capital lease	8,9	8,925
	202,0	151,523
Less accumulated depreciation	(125,1	(110,682)
	\$ 76,9	905 \$ 40,841

Note E - Line of Credit and Long-term Debt

The Organization has a \$250,000 line of credit from Fund for the Arts. The line bears interest at 3.75% and is due May 31, 2016. The line is guaranteed by a member of the Board of Directors. At May 31, 2015 and 2014, \$148,225 and \$248,225 is outstanding on the line of credit, respectively.

The Organization has an unsecured term loan, bearing interest at 6.15%. The loan agreement provides that the Organization must make monthly payments of interest plus a monthly amount of principal, ranging from \$500 to \$1,500, in accordance with the loan repayment schedule, over the term of the loan. The loan matures May 9, 2016. The loan is guaranteed by a member of the Board of Directors. At May 31, 2015 and 2014, \$36,442 and \$54,442, respectively, was outstanding on the term loan. The outstanding balance at May 31, 2015 is due in the next fiscal year.

Note F - Capital Lease Obligation

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

Future minimum lease payments under this arrangement are as follows:

Year Ending May 31,	A	mount
2016 2017	\$	2,520 1,029
Less amount representing interest		3,549 (166)
	_\$	3,383

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

Note G - Temporarily Restricted Net Assets

At May 31, 2015 and 2014, the Organization had \$471,438 and \$438,355, respectively, in temporarily restricted net assets available for future programs.

Note H - Operating Leases

During the year ended May 31, 2014, the Organization leased storage and set construction space under a month to month operating lease at \$1,800 per month. Rent expense totaled \$21,600 for the year ended May 31, 2014. This lease was terminated and the space vacated in May 2014.

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 and \$3,600 for the years ended May 31, 2015 and 2014, respectively.

Effective September 2014, the Organization entered into a new operating lease for office space. Monthly rent under the lease ranges from \$1,600 and \$1,900. Formerly, the Organization leased office space under a month to month operating lease at \$1,350 per month. Rent expense is recognized on a straight-line basis in the accompanying financial statements and totaled \$14,400 for the year ended May 31, 2015.

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.

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

Year Ending			
May 31,	Amour	Amount	
2016	\$ 61,	350	
2016 2017	•	500	
2018	·	750	
2019	69,	750	
2020	22,	800	
2021	5,	700	
Total	\$ 290,	850	

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 \$3,531 and \$3,028 were charged to pension expense for ongoing participation in this plan during the years ended May 31, 2015 and 2014, respectively.

Note I - Pension and Employee Benefit Plans (Continued)

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, 2015, the Organization has no plans to withdraw from the Plan.

The Organization's participation in the Plan as of May 31, 2015 and 2014, and for the years ended May 31, 2015 and 2014 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, 2014 Green May 31, 2013 Green	December 31, 2014 Green December 31, 2013 Green	March 31, 2015 Red March 31, 2014 Red	
FIP/ RP Status Pending/ Implemented	No	No	Yes/Implemented	
Company Contributions - 2015 Contributions - 2014	\$3,531 \$3,028	·		
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 \$28,350 and \$28,875 for the years ended May 31, 2015 and 2014, respectively.

Note I - Pension and Employee Benefit Plans (Continued)

The Organization holds certificates of deposit pledged as collateral on a stand-by letter of credit for various union organizations. Pledged certificates of deposit totaled \$10,279 and 10,265 as of May 31 2015 and 2014, respectively.

Note J - Concentrations

At May 31, 2015 and 2014, pledges from two donors represent 51% and 71% of gross pledges receivable and receivables from two customers represent 42% and 57% of accounts receivable, respectively. During the years ended May 31, 2015 and 2014, the Organization received 34% and 70% of total contributions and grants from one donor and four donors, respectively.

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

Financial Statements

Years Ended May 31, 2014 and 2013

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

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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, 2014 and 2013 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.

Mountjoy Chilton Medley LLP

Independent Auditor's Report (Continued)

Munto Chilfan Midly LLA

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, 2014 and 2013, and changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Louisville, Kentucky

Stage One: The Louisville Children's Theatre, Inc. d/b/a StageOne Family Theatre
Statements of Financial Position
May 31, 2014 and 2013

	2014	2013		
Assets				
Cash and cash equivalents	\$ 35,203	\$ 44,392		
Accounts receivable, net	33,901	23,379		
Prepaid and other	34,486	34,684		
Pledges receivable, net	490,422	83,640		
Investments	10,797	25,937		
Property and equipment, net of				
accumulated depreciation	40,841	42,354		
Total Assets	\$ 645,650	\$ 254,386		
Liabilities and Net Assets				
Liabilities				
Line of credit	\$ 248,225	\$ 248,225		
Accounts payable and accrued expenses	154,794	159,661		
Deferred revenue	41,706	36,009		
Term loan	54,442	72,442		
Capital lease obligation	5,637	7,750		
Total Liabilities	504,804	524,087		
Commitments and Contingencies				
Net Assets (Deficit)				
Unrestricted	(297,509)	(578,207)		
Temporarily restricted	438,355	308,506		
Total Net Assets (Deficit)	140,846	(269,701)		
Total Liabilities and Net Assets (Deficit)	\$ 645,650	\$ 254,386		

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, 2014 and 2013

	2014			2013			
		Temporarily			Temporarily	,	
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total	
Revenues and Support							
Ticket sales and fees	\$ 213,256	\$ -	\$ 213,256	\$ 344,295	\$ -	\$ 344,295	
Contributions and grants	1,230,271	424,355	1,654,626	829,402	258,506	1,087,908	
Educational programs	117,042	-	117,042	87,924	-	87,924	
In-kind gifts	5,079	-	5,079	5,089	-	5,089	
Fundraising events	19,515	-	19,515	13,820		13,820	
Novelty and concession sales	1,078	-	1,078	6,618	-	6,618	
Rental income	1,793	-	1,793	1,321	•	1,321	
Gain on discharge of debt	-	-	-	32,167	-	32,167	
Miscellaneous	19,128	-	19,128	22,056	-	22,056	
Interest	21	-	21	35	-	35	
Net unrealized gain (loss) on investments	161		161	(205)	•	(205)	
Total Revenues and Support	1,607,344	424,355	2,031,699	1,342,522	258,506	1,601,028	
Net Assets Released from Restrictions:							
Released for Operations	294,506	(294,506)	-	243,651	(243,651)		
Total Revenues and Support	1,901,850	129,849	2,031,699	1,586,173	14,855	1,601,028	
Expenses							
Program Services							
Productions	845,200	-	845,200	902,938	-	902,938	
Educational programs	174,604	-	174,604	152,926	-	152,926	
Total Program Services	1,019,804	-	1,019,804	1,055,864	-	1,055,864	
Supporting Services							
General and administrative	407,060	-	407,060	386,957	-	386,957	
Fundraising	194,288	-	194,288	139,115	_	139,115	
Total Supporting Services	601,348	-	601,348	526,072	-	526,072	
Total Expenses	1,621,152	•	1,621,152	1,581,936	-	1,581,936	
Changes in Net Assets	280,698	129,849	410,547	4,237	14,855	19,092	
Net Assets (Deficit) at Beginning of Year	(578,207)	308,506	(269,701)	(582,444)	293,651	(288,793)	
Net Assets (Deficit) at End of Year	\$ (297,509)	\$ 438,355	\$ 140,846	\$ (578,207)	\$ 308,506	\$ (269,701)	

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, 2014 and 2013

	2014	2013
Operating Activities		-
Changes in Net Assets	\$ 410,547	\$ 19,092
Adjustments to reconcile changes in net assets to		
net cash provided by operating activities:		
Depreciation	18,341	19,340
Net unrealized (gain) loss on investments	(161)	205
Loss on disposal of equipment	4,512	-
Gain on discharge of debt	-	(32,167)
Changes in:		
Accounts receivable	(10,522)	(4,300)
Prepaid expenses	198	17,823
Pledges receivable	(406,782)	22,849
Accounts payable and accrued expenses	(13,389)	15,447
Deferred revenue	5,697	(689)
Net Cash Provided by Operating Activities	8,441	57,600
Investing Activities		
Purchases of investments	(21)	(17,196)
Proceeds from sales of investments	15,322	2,161
Purchases of property and equipment	(12,818)	
Net Cash Provided (Used) by Investing Activities	2,483	(15,035)
Financing Activities		
Payments on capital lease	(2,113)	(2,037)
Payments on term loan	(18,000)	(10,418)
Payments on related party advance	-	(50,000)
Net Cash Used by Financing Activities	(20,113)	(62,455)
Net Decrease in Cash and Cash Equivalents	(9,189)	(19,890)
Cash and Cash Equivalents at Beginning of Year	44,392	64,282
Cash and Cash Equivalents the End of Year	\$ 35,203	\$ 44,392
Supplemental Disclosure		
Cash paid for interest	\$ 13,846	\$ 13,546
Noncash Investing and Financing	,	_ _
Equipment purchased under capital lease	-	8,925
Property and equipment purchases in accounts payable	8,522	,
richard and adarbarrance bor arread and a same bad again	-,- 	

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. <u>Basis of Accounting</u>: The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The Accounting Standards Codification ("ASC") as produced by the Financial Accounting Standards Board ("FASB") is the sole source of authoritative accounting technical literature for nongovernmental entities.
- 2. <u>Use of Estimates</u>: 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. <u>Subsequent Events</u>: 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. <u>Donor-Imposed Restrictions</u>: The Organization records and reports its assets, liabilities, net assets, revenues, expenses, gains and losses, and other support based on the existence or absence of donor-imposed restrictions.

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

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, 2014 and 2013.

Note B - Summary of Significant Accounting Policies (Continued)

- 5. <u>Contributed Services, Supplies, Property and Rent</u>: Certain contributed services, supplies, property and rent are recorded as support and expenses or a related asset at fair value when determinable, otherwise at values indicated by the donor. The Organization received contributed services and supplies of \$5,079 and \$5,089 during the years ended May 31, 2014 and 2013, respectively.
- 6. <u>Cash and Cash Equivalents</u>: The Organization considers all highly liquid investments with a maturity when purchased of three months or less, that are not designated for a specific purpose, to be cash equivalents.
- 7. Accounts Receivable: Accounts receivable consist of amounts due for musical camps and ticket sales. The Organization provides an allowance for doubtful accounts which is based upon a review of outstanding receivables, historical collection information, and existing economic conditions. Accounts receivable are due 30 days after the date of sale. Accounts receivable past due more than 120 days are considered delinquent. Delinquent receivables are written off based on individual credit evaluation and specific circumstances of the customer.

Accounts receivable are shown net of an allowance for doubtful accounts of \$710 at May 31, 2014. No allowance has been provided at May 31, 2013.

8. <u>Pledges Receivable</u>: 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.

There were no allowances for uncollectible pledges at May 31, 2014 and 2013 as management considers all amounts to be fully collectible.

9. <u>Investments</u>: Investments in marketable securities are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net realized and unrealized gains and losses are reflected in the statements of activities and changes in net assets. Receipt of donated investments is recorded at the quoted market value of the investment at the time of donation.

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

- 9. <u>Property and Equipment</u>: 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 \$18,341 and \$19,340 for the years ended May 31, 2014 and 2013, respectively.
- 10. <u>Deferred Revenue</u>: Deferred revenue consists primarily of advance ticket sales and registration fees for performances and events in the following fiscal year.

Note B - Summary of Significant Accounting Policies (Continued)

11. <u>Income Tax Status</u>: The Organization is organized as a not-for-profit organization and is exempt from federal taxation under the provisions of Section 501(c)(3) of the Internal Revenue Code.

The Organization recognizes uncertain income tax positions using the "more-likely-than-not" approach as defined in the ASC. No liability for uncertain tax positions has been recorded in the accompanying financial statements. The Organization's 2010 - 2013 tax years remain open and subject to examination.

12. <u>Advertising Costs</u>: Advertising costs are expensed as incurred. Advertising costs totaled \$17,760 and \$14,605 for the years ended May 31, 2014 and 2013, respectively.

Note C - Pledges Receivable

Pledges receivable at May 31, 2014 and 2013 consist of the following:

	2014			2013		
Pledge receivable Less discounts to net present value	\$	506,720 (16,298)	\$	83,640		
		490,422	\$	83,640		
Gross pledges receivable are due according to the following schedule:						
Less than one year	\$	209,887	\$	83,640		
One to five years		296,833		-		
Total Unconditional Promises to Give	\$	506,720	\$	83,640		

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

Note D - Fair Value Measurements

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

- Level 1 Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities.
- Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Note D - Fair Value Measurements (Continued)

• Level 3 - Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the asset or liabilities. Level 3 includes values determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting the Organization's own assumptions.

The following is a description of the valuation methodologies use for assets measured at fair value. There have been no changes in the methodologies used at May 31, 3014 and 2013.

Certificates of Deposit and Money Market Fund: Valued at cost which approximates fair value.

Common Stock: Valued at the closing price reported on the active market in which the individual securities are traded.

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

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value as of May 31, 2014:

	Level 1		Level 2		Level 3		Total	
Certificates of Deposit Common stock	\$	10,265 532	\$		\$	-	\$	10,265 532
Total Investments	\$	10,797	\$	-	_\$	-	\$	10,797

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

	Level 1		Level 2		Level 3		Total	
Certificates of Deposit	\$	13,159	\$	-	\$	-	\$	13,159
Money market fund		12,407		-		-		12,407
Common stock		371				-		371
Total Investments	\$	25,937	\$	-	\$	-	\$	25,937

Note E - Property and Equipment

Property and equipment at May 31, 2014 and 2013 consists of the following:

	-	 2014	_	 2013
Furniture, fixtures and equipment		\$ 65,808		\$ 80,363
Costumes and supplies		25,759		25,759
Computer hardware and software		23,235		23,235
Leasehold improvements		18,341		_
Vehicles		9,455		9,455
Equipment acquired under capital lease		8,925	_	8,925
	_	151,523		 147,737
Less accumulated depreciation	_	 (110,682)	••••	 (105,383)
	: . -	\$ 40,841		\$ 42,354

Note F - Line of Credit and Long Term Debt

The Organization has a \$250,000 line of credit from Fund for the Arts. The line bears interest at 3.75% and is due May 31, 2014. The line is guaranteed by a member of the Board of Directors. At both May 31, 2014 and 2013, \$248,225 is outstanding on the line of credit. In July 2014, the line of credit was extended to mature on May 31, 2015.

The Organization has an unsecured term loan, bearing interest at 6.15%. The loan agreement provides that the Organization must make monthly payments of interest plus a monthly amount of principal, ranging from \$500 to \$1,500, in accordance with the loan repayment schedule, over the term of the loan. The loan matures May 9, 2016. The loan is guaranteed by a member of the Board of Directors. At May 31, 2014 and 2013, \$54,442 and \$72,442, respectively, was outstanding on the term loan.

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

Year Ended		Amount
2015	\$	18,000
2016	-	36,442
		54,442

Note G - Capital Lease Obligation

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

Future minimum lease payments under this arrangement are as follows:

Year Ending May 31,	A	mount
2015 2016 2017	\$	2,520 2,520 1,029
Less amount representing interest		6,069 (432)
	\$	5,637

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

Note H - Temporarily Restricted Net Assets

At May 31, 2014 and 2013, the Organization had \$438,355 and \$308,506, respectively, in temporarily restricted net assets available for future programs.

Note I - Operating Leases

During the years ended May 31, 2014 and 2013, the Organization leased storage and set construction space under a month to month operating lease at \$1,800 per month. Rent expense totaled \$21,600 for each of the years ended May 31, 2014 and 2013. This lease was terminated and the space vacated in May 2014.

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 \$3,600 for the year ended May 31, 2014.

The Organization leases office space under a month to month operating lease at \$1,350 per month. Rent expense totaled \$16,200 for each of the years ended May 31, 2014 and 2013.

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

Note I - Operating Leases (Continued)

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

Year Ending May 31,	Amount
2015	\$ 35,850
2016	42,000
2017	43,800
2018	45,600
2019	47,400
Total	\$ 214,650

Note J - Pension and Employee Benefit Plans

The Organization is a participating employer in three separate trustee-managed multiemployer defined benefit pension plans for employees who participate in collective bargaining agreements ("the Plans"). The Plans generally provide retirement benefits to employees based on years of service while a member of the collective bargaining group and/or covered wages from participating employers. The Plans are each managed by a board of trustees. Although the Organization is not represented on any of the boards of trustees, other contributing employers may be members of the boards. Contributions of \$3,028 and \$3,862 were charged to pension expense for ongoing participation in these plans during the years ended May 31, 2014 and 2013, 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 collective bargaining agreements, the Organization could discuss and negotiate for the complete or partial withdrawal from one or more of the Plans. Depending on the number of employees withdrawn in any future period and the financial condition of the multiemployer plan at the time of withdrawal, the associated withdrawal liabilities could be material to the Organization's change in net assets in the period of the withdrawal. As of May 31, 2014, the Organization has no plans to withdraw from the Plans.

Note J - Pension and Employee Benefit Plans (Continued)

The Organization's participation in the Plans as of May 31, 2014 and 2013, and for the years ended May 31, 2014 and 2013 is outlined in the table below. The "EIN/Pension Plan Number" column provides the Employee Identification Number (EIN) and the three-digit plan number, if applicable. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. Plans in the Red zone are generally less than 65% funded, plans in the Yellow zone are generally greater than 65% but less than 80% funded, and plans in the Green are at least 80% funded.

Pension Fund	Equity-League Pension Trust Fund		United Scenic Artists 829 Pension Fu		AFM & Employers' Pension Plan			
EIN/ Pension Plan Number	13-6696817-001		13-1982707-00	1	51-6120204-00	51-6120204-001		
Pension Protection Act Zone Status	,	Green Green	December 31, 2013 December 31, 2012	N/A Green	March 31, 2013 March 31, 2012	N/A Red		
FIP/ RP Status Pending/ Implemented	No		No		Yes / Implement	ed		
Company Contributions - 2014 Contributions - 2013	\$3,028 \$2,852		\$0 \$140		\$0 \$870			
Surcharge Imposed	No		No		Yes			
Greater than 5% Contributor to the Plan	No		No		No			
Expiration Date of Collective Bargaining Agreement	June 29, 2014		January 29, 201	2	May 31, 2014			

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 \$28,875 and \$28,090 for the years ended May 31, 2014 and 2013, respectively.

The Organization holds certificates of deposit pledged as collateral on a stand-by letter of credit for various union organizations. Pledged certificates of deposit totaled \$10,265 and \$12,407 as of May 31 2014 and 2013, respectively.

Note K - Concentrations

At May 31, 2014 and 2013, pledges from two donors represent 71% and 90% of gross pledges receivable and receivables from two customers represent 57% and 25% of accounts receivable, respectively. During the years ended May 31, 2014 and 2013, the Organization received 70% and 41% of total contributions and grants from four donors and one donor, respectively.

Note L - Subsequent Events

Subsequent to year end, the Organization entered into an operating lease for office space through August 31, 2020. Monthly base rent under the lease ranges from \$1,600 to \$1,900 per month over the term of the lease.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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.

<u>A</u>	For th	e 2014 calendar year, or tax year beginning JUN 1, 2014 and	enaing M	AY 31, 2015		
В	Check if applicat	C Name of organization		D Employer identif	ication number	
		STAGE ONE: THE LOUISVILLE CHILDREN S		Ī		
	Addr chan					
	Name chan	ge Doing business as STAGE ONE				
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er	
	Final	215 M MADVEM CHOPPEM	2S	502-50	89-4060	
	termi ated			G Gross receipts \$	1,825,702.	
	Amer	nded TOTTGVITTE WY 40303		H(a) Is this a group i	return	
Г	Appli			for subordinate		
	pend	SAME AS C ABOVE		H(b) Are all subordinates		
1	Tayloy	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ' '	a list. (see instructions)	
		ite: WWW.STAGEONE.ORG		H(c) Group exemption	•	
		forganization: X Corporation Trust Association Other	I Year	· · · · · · · · · · · · · · · · · · ·	M State of legal domicile: KY	
-	art I	Summary	L TOUT	or formation.	IVI Otato of logal doffnolio.	
- C	Τ.,	Briefly describe the organization's mission or most significant activities: STAGEO	NE EDUCAT	ES AND INSPIRES		
Activities & Governance	'	CHILDREN AND FAMILIES BY OPENING THE DOORS TO IMAGINATION,				
nai	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net a	esets	
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3		
යි	3	Number of independent voting members of the governing body (Part VI, line 1b)		4		
જ	4	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			60	
Ę	5				27	
ξį	0	Total number of volunteers (estimate if necessary)				
Ą	/a	Total unrelated business revenue from Part VIII, column (C), line 12				
	 D	Net unrelated business taxable income from Form 990-T, line 34	·····			
		Outsile time and words (Det MI) line 415	-	Prior Year 1,667,220.	Current Year 1,349,440.	
Revenue	8	Contributions and grants (Part VIII, line 1h)		331,855		
Ven	9	Program service revenue (Part VIII, line 2g)		-4,491,	15.	
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,689.	 	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,022,273.	1,802,378.	
	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,		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		969,129,	 	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		69,533.	0.	
ă.	b	Total fundraising expenses (Part IX, column (D), line 25)			-	
ш	117	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		573,225.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,611,887.		
	19	Revenue less expenses. Subtract line 18 from line 12		410,386.	 	
Net Assets or	3		Be	ginning of Current Year	End of Year	
Set	20	Total assets (Part X, line 16)		645,650.	674,622.	
AP	21	Total liabilities (Part X, line 26)		504,804.	342,557.	
캺	22	Net assets or fund balances. Subtract line 21 from line 20		140,846.	332,065.	
10000	art II	Signature Block				
	-	alties of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is	
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich preparer	has any knowledge.		
Sig	jn	Signature of officer		Date		
Не	re	PETER HOLLOWAY, PRODUCING ARTISTIC DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check		
Pai	d	REBECCA L. PHILLIPS, CPA		if self-emplo	yed	
Pre	parer	Firm's name MOUNTJOY CHILTON MEDLEY LLP		Firm's EIN ▶		
	only	Firm's address 462 S. FOURTH ST., SUITE 2600				
	-	LOUISVILLE, KY 40202-3445		Phone no. (50	02)749-1900	
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	
, v 100	.,				<u></u>	

Total program service expenses

1,210,229.

Page 3

Form 990 (2014) THEATRE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
- 57	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	A TOWN AND	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(001 1
		Lorm		· 21 14 /

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 22 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 23 Schedule J 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 24a 24b 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Х 25b 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," X complete Schedule L, Part II 26 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 х of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 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 Х x b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 35b 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 Х 36 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 37 x 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 Form 990 (2014)

THEATRE, INC. Statements Regarding Other IRS Filings and Tax Compliance

. 4.	Page 5	
	rage 3	٠.

	Check if Schedule O contains a response or note to any line in this Part V						
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		26			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming				
	(gambling) winnings to prize winners?			. 1	С	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a		50			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2	b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3	a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		<u> 3</u>	b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			1	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4	a		Х
b	If "Yes," enter the name of the foreign country: ►						
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5	a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5	b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5	ic		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			.	
	any contributions that were not tax deductible as charitable contributions?		***************************************	6	а		·X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts	-			
	were not tax deductible?			6	b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor	?	a		X
b	, , , , , , , , , , , , , , , , , , , ,			7	b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired				
	to file Form 8282?			7	c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	:t?	7	e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			-	'f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7	g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			<u> 7</u>	h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9				
	sponsoring organization have excess business holdings at any time during the year?			8	3		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9	<u>a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9	b		
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12	10a		_			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-			
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	11a		_			
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b		_	- 1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12	2a		
b	3 . ,	12b		_			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13	Ва		
	Note. See the instructions for additional information the organization must report on Schedule O.				1		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				- [
	organization is licensed to issue qualified health plans	13b			1		
	Enter the amount of reserves on hand	13c			_		
					1a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	е U		14			(0014)
	· · · · · · · · · · · · · · · · · · ·			F(Jrm '	990 ((20 14)

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

THEATRE, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be

No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	tion A. Governing Body and Management					Yes	No
10	Enter the number of voting members of the governing body at the and of the tay year	1a	1	23		res	NO
ıa	Enter the number of voting members of the governing body at the end of the tax year	la					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other				
~			-				х
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th				2		<u> </u>
3							x
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6 7 0	Did the organization have members or stockholders?			-	6		Ê
7a	, , , , , , , , , , , , , , , , , , , ,	•					
	more members of the governing body?			···	7a		Х
b							
•	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ı by tri	e ionowing.			v	
a	The governing body?			··· -	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			··· -	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						•
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re		Cada \		9		X
360	tion b. Folicies (This Section B requests information about policies not required by the internal Re	venue	e Code.)			· ·	
100	Did the examination have lead charters branches as offiliated?					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			├-	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?			١.	401-		1
44	Has the organization provided a complete copy of this Form 990 to all members of its governing body				10b	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y belo	re ming the lorin	<i>t</i>	11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				10-	х	
12a b		to cont	flicte?	··· ⊢	12a 12b	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			··· ├'	120	-	
С	to Outside One of the second of			١,	120	х	
13	Did the organization have a written whistleblower policy?			··· —	12c 13	x	
14	Did the organization have a written document retention and destruction policy?				14	x	
15	Did the process for determining compensation of the following persons include a review and approva				14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	п Бу пт	аерепает				
2	The organization's CEO, Executive Director, or top management official			4	15a		x
	Other officers or key employees of the organization				15b		x
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				30		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nant w	vith a				
	taxable entity during the year?			4	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			···			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
				1	16b		
Sec	exempt status with respect to such arrangements?			<u> L '</u>	00		
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	(Secti	on 501(c)(3)s on	lv) avs	ailahl		
	for public inspection. Indicate how you made these available. Check all that apply.	,5500	557(5)(5)5 011	٠,, 교۷٥		-	
	Own website Another's website Wallabe. Orlean all that apply.	in Sch	edule (1)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		•	and fi	inanc	rial	
	statements available to the public during the tax year.		toroot policy,	and II	. ILLI IL	·icai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records:				
	THE ORGANIZATION - 502-589-4060						
	315 W. MARKET ST. SUITE 2S, LOUISVILLE, KY 40202						

Form 990 (2014)

THEATRE, INC.

, INC. No. 1 Page 7

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.

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

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

(A)	(B)	J.y.	211120		C)	1100	11000	(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
Name and Tide	hours per		(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week					or/trus		from	from related	other
	(list any	cto						▲ the	organizations	compensation
	hours for	Ę				Pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			eusa		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	est compensated				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	est	mer	· · · · · · · · · · · · · · · · · · ·		organizations
	line)	르	Ĕ	8	ş.	EE.				
(1) CARL THOMAS	4.00	١								_
CHAIRMAN	1 00	Х		х		-		0.	0.	0.
(2) DAVID CALZI	1.00									
EXECUTIVE COMMITTEE	1 00	Х		X		-	allba.	0.	0.	0.
(3) LEA GOFF	1.00									
EXECUTIVE COMMITTEE		X		X		!		0.	0.	0.
(4) PEGGY KRUG	1.00					Ī		_	_	_
EXECUTIVE COMMITTEE		х	4	X				0.	0.	0.
(5) LAURA MELILLO BARNUM	1.00	Draw						_		
BOARD MEMBER		X			<u> </u>		<u> </u>	0.	0.	0.
(6) ERIC BENSON	1.00	- mayaga						_	_	_
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(7) JESSIE BROUGHTON	1.00				İ			_		
BOARD MEMBER		Х						0.	0.	0.
(8) ASHLEY BUTLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KRISTEN BYRD	1.00				١.			,		
BOARD MEMBER		Х						0.	0.	0.
(10) VIRGINIA FERGUSON	1.00									
BOARD MEMBER		х						0.	0.	0.
(11) BRIAN HAEHL	1.00									
BOARD MEMBER		х						0.	0.	0.
(12) MICHELLE HEIT	1.00									
BOARD MEMBER		х						0.	0.	0.
(13) JAN HELSON	1.00									
BOARD MEMBER		х						0.	0.	0.
(14) ELIZABETH KAPLAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) CAROL LAMBERT	1.00									
BOARD MEMBER		х	<u> </u>	L	L_	<u> </u>		0.	0.	0.
(16) MELISSA LOWE	1.00									
BOARD MEMBER		х						0.	0.	0.
(17) TESS MCNAIR	1.00					Ī				
BOARD MEMBER		х						0.	0.	0.

Form 990 (2014)		THEATRE	INC.	100	

Form 990 (2014)	THEATRE, INC	.							Substitution of the Control of the C		, <u>1</u> 11.	Page 8
	tion A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)		
	(A) Name and title	(B) Average hours per	(do		Pos heck	C) ition more	l than	one	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of
,	·	week (list any hours for related organizations below line)	tee or director	lnstitutional trustee		irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	(c)	other ompensation from the organization and related rganizations
(18) MICHAEL	MERRICK	1.00	1							ř		
BOARD MEMBER			х				_		0.		0.	0.
(19) BEN RENG	O-WEBER	1.00										
BOARD MEMBER			Х						0.		0.	0.
(20) LEISA SO	CHULZ	1.00	x						0.		0.	0
30ARD MEMBER (21) DAVID SI	ATOM	1.00							V.			0.
(21) DAVID SI BOARD MEMBER	MITH	1.00	x						0.		0.	0.
(22) LAKESHA	WA CUTNOMON	1.00	-					-	· ·		∸	
BOARD MEMBER	WADIIINGTON	1.00	x						0.		0.	0.
(23) SUZANNE	WR TGHT	1.00	-	_							+	
BOARD MEMBER	•		x					uddistano u	O.		0.	0.
(24) PETER HO	OLLOWAY	50.00					- 16					
ROD ARTISTIC	C DIRECTOR		1		х	A			124,119.		0.	10,860.
									*			
1h Suh-total			L	L	لــــا	- 200			124,119.		0.	10,860.
c Total from	continuation sheets to Part V	II. Section A				d	- 300000000		0.		0.	0.
	lines 1b and 1c)	and the same of th		Sto '999			39%		124,119.		0.	10,860.
	per of individuals (including but	20000		Ã	W.			no re	eceived more than \$100	0,000 of reportable		
compensa	tion from the organization											1
												Yes No
	ganization list any former officer "Yes," <i>complete Schedule J for</i> :								highest compensated e		3	x
4 For any inc	lividual listed on line 1a, is the s	um of reportab										
and related	d organizations greater than \$15	0,000? If "Yes,	" CO	mple	ete S	Sche	dule	J f	or such individual		. 4	X
5 Did any pe	rson listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	idual for services		
rendered to	o the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch j	oers	on .				5	Х
	ependent Contractors											,
1 Complete t	this table for your five highest co	ompensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensatio	n from
the organiz	ration Report compensation for	the calendar v	ear 4	endi	na w	ith 4	or w	ithir	the organization's tax i	vear		

Section B.	Independent	t Contractors

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

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

Form 990 (2014)

THEATRE, INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 424,731. 1 a Federated campaigns 1a **b** Membership dues 5,245, c Fundraising events 1c d Related organizations 78,801, 1e Contributions, and Other Sim e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 840,663 29,370 g Noncash contributions included in lines 1a-1f: \$ 1,349,440 h Total. Add lines 1a-1f Business Code 2 a PRODUCTIONS Program Service Revenue 900099 304,217 304,217 EDUCATIONAL PROGRAMS 900099 121,949 121,949 900099 512 512 PROP RENTALS f All other program service revenue 900099 426,678 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 15 other similar amounts) 15 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 1,000 6 a Gross rents **b** Less: rental expenses 1,000. c Rental income or (loss) 1,000 1,000. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 5,245. of including \$ contributions reported on line 1c). See 43,045 Part IV, line 18 a 22,403. b Less: direct expenses 20,642 20,642. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 1,253 921 **b** Less: cost of goods sold 332 332 c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a MISCELLANEOUS 900099 4,271 4,271 d All other revenue 4,271 e Total. Add lines 11a-11d 1,802,378. 426,498 512 25,928 Total revenue. See instructions.

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THEATRE, INC.

Form 990 (2014) THEATRE, INC. 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 respon	se or note to any line in	this Part IX		
	Check if Schedule O contains a respon not include amounts reported on lines 6b, 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			y	- F
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	·		200 St. 170 May 200 St. 100 St	
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	134,979.	67,490.	33,745.	33,744
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	740,240.	600,851.	54,619.	84,770
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	87,134.	68,911.	7,276.	10,947.
10	Payroll taxes	81,552.	62,747.	7,605.	11,200.
11	Fees for services (non-employees):				
а	Management				
b	Legal	218.		218.	
C	Accounting	61,343.		61,343.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	C4 410	55 042		
	column (A) amount, list line 11g expenses on Sch O.)	64,412.	55,943.	5,750.	2,719. 224.
12	Advertising and promotion	24,412.	24,188.	10.001	
13	Office expenses	40,139.	26,574.	10,201.	3,364.
14	Information technology	15,582. 28,770.	8,509. 28,770.	5,880.	1,193.
15	Royalties	21,381.		4 420	
16	Occupancy		16,945.	4,436.	6.063
17	Travel	42,979.	33,007.	3,909.	6,063.
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials	M. 4			
19	Conferences, conventions, and meetings	10,659.		10,659.	
20	Interest Payments to affiliates	10,039.		10,033.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	20,313.	10,681.	9,632.	
23	· · · · · · · · · · · · · · · · · · ·	14,041.	20,001.	11,418.	2,623.
23 24	Other expenses. Itemize expenses not covered	,0-1.		11, 110.	4,023.
~ -₹	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.)				
а	PRODUCTION COSTS	205,525.	201,869.		3,656.
b	MISCELLANEOUS ADMINISTR	10,448.	-	8,573.	1,875.
С	MAINTENANCE	4,440.	3,744.	696.	
d	BAD DEBT	2,592.		2,592.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,611,159.	1,210,229.	238,552.	162,378.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2014)

THEATRE, INC.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 35,203, 70,193. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 408,442. 490,422, 3 Pledges and grants receivable, net 33,901. 53,453. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 _____ 8 Inventories for sale or use 55,350. 34,486. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 183,805 basis. Complete Part VI of Schedule D _____ 10a 29,869. 70,024. b Less: accumulated depreciation 10b 10c 10,797. 10,279. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 10,972. 6.881. 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 645,650, 674,622. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 154.794. 17 117,146. 17 18 18 Grants payable 41,706. 37,361. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 54,442. 36,442, Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 253,862. 25 151,608. Schedule D 504,804. 342,557. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -297.509 -139 373. 27 Unrestricted net assets 27 438,355, 471,438. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 140,846. 332,065, 33 Total net assets or fund balances

Form 990 (2014)

645,650.

34

674.622.

Page **11**

33

Total liabilities and net assets/fund balances

	1990 (2014) THEATRE, INC.			Pa	ge 12
Pa	rt 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	,802	,378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,611	,159.
3	Revenue less expenses. Subtract line 2 from line 1	3		191	,219.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		140	846.
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		332,	065.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Lash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in School				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	~			
	Act and OMB Circular A-133?	•••••	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

STAGE ONE: THE LOUISVILLE CHILDREN'S

Employer identification number

		RE, INC.						
Part I	Reason for Public	Charity Status	(All organizations must c	omplete th	nis part.) S	ee instructions	3.	
he orga	nization is not a private foun	dation because it is:	(For lines 1 through 11,	check only	one box.)	1		
1	A church, convention of cl	hurches, or associati	on of churches describe	d in secti e	on 170(b)(1)(A)(i).		
2 🖳	A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E.)					
з 🖳	A hospital or a cooperative	e hospital service org	janization described in s	ection 17	0(b)(1)(A)(i	ii).		
4	A medical research organia	zation operated in co	onjunction with a hospita	ıl describe	d in sectio	on 170(b)(1)(A)	(iii). Ente	r the hospital's name,
	city, and state:							
5	An organization operated t	for the benefit of a co	ollege or university owne	d or opera	ited by a g	overnmental u	ınit descri	bed in
	section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local go	overnment or govern	mental unit described in	section 1	70(b)(1)(A))(v).		
7 X	An organization that norma	ally receives a substa	antial part of its support	from a gov	/ernmental	l unit or from tl	ne genera	d public described in
	section 170(b)(1)(A)(vi). (C			·			Ü	•
8 🔲	A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Pai	t II.)				
9 🔲	An organization that norma			.A.	contributi	ons, members	hip fees, a	and gross receipts from
	activities related to its exer			700000				- ·
	income and unrelated busi			100	Bb.			=
	See section 509(a)(2). (Co		(,,,,,,,				J	. 4.10. 44.10 66, 16.6.
o 🖂	An organization organized		sively to test for public s	afety See	section 50	09(a)(4).	٠.	
1	An organization organized	•		100000000000000000000000000000000000000			rry out th	e purposes of one or
-	more publicly supported or		A CONTRACTOR OF THE CONTRACTOR	ANGELER				
	lines 11a through 11d that			100000				CHOCK THE BOX III
а	Type I. A supporting org			100000000000000000000000000000000000000			_	v alvina
	the supported organizati	•	-	i				
	organization. You must		1975 A	,,				- apportg
ь	¬ -	•		tion with i	ts support	ed organizatio	n(s) by ha	avina
-	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 mus		Section 1986	arric pero	5115 11101 00	ora or mana	ge the sup	pported
٠	Type III functionally inte	•		in connec	tion with	and functional	ly integrat	rod with
·	its supported organization						iy iiilegial	.ea wiai,
4	Type III non-functionall	, , ,	•	-	•	-	tad araan	ization(a)
u	that is not functionally in					• •	~	` '
	requirement (see instruct	-		•		•	i ali allelli	liveriess
		•	-				II Tuno III	
e	☐ Check this box if the org					i Type I, Type	ii, Type iii	
4 Fut	functionally integrated, o	= -	many integrated support	ing organi.	zation.			
	er the number of supported	-	ad arganization(a)		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
	vide the following information (i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
	organization	, ,	(described on lines 1-9	l listed i	n your document?	support (other support (see
			above or IRC section	Yes	No	Instructio	ons)	Instructions)
			(see instructions))	100	110			
·····								
		-						
otal				1				1

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

	(Complete only if you checked	d the box on line 5	5, 7, or 8 of Part I o	or if the organization			
<u>S</u>	fails to qualify under the tests	listed below, plea	ise complete Part	III.)			
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	823,540.	780,785.	1,087,908.	1,667,220.	1,349,440.	5,708,893
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	Total. Add lines 1 through 3	823,540.	780,785.	1,087,908.	1,667,220.	1,349,440.	5,708,893
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)						419,724.
6	Public support. Subtract line 5 from line 4.					The second	5,289,169.
	ction B. Total Support			7			
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	823,540.	780,785.	1,087,908.	1,667,220.	1,349,440.	5,708,893.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	642.	1,174.	35.	257.	1,015.	3,123.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					512.	512.
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	7,968.	34,027.	54,223.	19,128.	4,271.	119,617.
11	Total support. Add lines 7 through 10					,	5,832,145.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	2,176,756.
	First five years. If the Form 990 is for t			d. fourth. or fifth tax	vear as a section		
	organization, check this box and stop etion C. Computation of Public	here			•	(// /	>
	Public support percentage for 2014 (lir			olumn (f))		14	90.69 %
	Public support percentage from 2013					15	92.27 %
	33 1/3% support test - 2014. If the or						
	stop here. The organization qualifies a				5 00 .,0,0 01 11	5, 5, 105, 6, 6, 6, 6	■ X

b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
 b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2014 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.)

Se	ction A. Public Support	clow, picase con	ipioto i are iii,				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				40.		
Ü	are not an unrelated trade or bus- iness under section 513			·			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to			A			
	the organization without charge			\ \ \\			
6	Total. Add lines 1 through 5		·				
7a	Amounts included on lines 1, 2, and				\		
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	-					ation,
_	check this box and stop here						>
	ction C. Computation of Publ						
	Public support percentage for 2014 (I			column (f))		15	%
	Public support percentage from 2013					16	%
	tion D. Computation of Inves		· · · · · · · · · · · · · · · · · · ·			T.= T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			an line 14 and line		18	<u>%</u>
19a	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box at		-				
D	33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization			•		•	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of 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

- 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.
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

	Yes	No
1		
		B (4)
2 3a		
3b		
3c 4a		
4b		
4c		
5a 5b		
5c 6		
7		
8		
9a		
9b		
9C		
9c 10a		

Sche	edule A (Form 990 or 990-EZ) 2014 THEATRE, INC.	F	age 5
- AMERICA - P. 1975	rt IV Supporting Organizations (continued)		
1		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1
а	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?	1	
b	A family member of a person described in (a) above?)	
С	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.	;	<u> </u>
Sec	tion 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.		
Sec	tion 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).		
Sec	ction D. 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, (1) a written notice describing the type and amount of support provided during the prior tax		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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.		
Sec	tion 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):		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns <u>).</u>	
2	Activities Test. Answer (a) and (b) below.	Yes	No
а	The state of the s		
	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.		<u></u>
3	Parent of Supported Organizations. Answer (a) and (b) below.		
	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 *p_{art VI}* the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E.	
Sect	tion 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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion 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	10		
d	Total (add lines 1a, 1b, and 1c)	1d	u u	
е	Discount 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).	5		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)			
6	Multiply line 5 by .035	6 7		
7	Recoveries of prior-year distributions			
8 Sect	Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount	8		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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	integr	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

STAGE ONE. THE LOUISVILLE CHILDREN'S Schedule A (Form 990 or 990-EZ) 2014 THEATRE, INC. Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 9 Line 8 amount divided by Line 9 amount 10 (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3j and 4c. 8 Breakdown of line 7: а b

Schedule A (Form 990 or 990-EZ) 2014

С

d Excess from 2013e Excess from 2014

STAGE ONE: THE LOUISVILLE CHILDREN'S

Dart VIII	(Form 990 or 990-EZ) 2014 THEATRE, INC. Page Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b; and Part III, line 12.
rait VI	• • • • • • • • • • • • • • • • • • • •
	Also complete this part for any additional information. (See instructions).
	·
	,

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Employer identification number

2014

\$	STAGE ONE: THE LOUISVILLE CHILDREN'S
	THEATRE, INC.
Organization type (chec	k one):
Filers of:	Section:
Form 990 or 990-EZ	X 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
	n 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	
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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
	utor, 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-l	EZ, line 1. Complete Parts I and II.
year, total contri	cion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.
	rough to dimensing animals. Complete Faire 1, 11, and 11.
-	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the
	ons <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box For here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc.,
	complete any of the parts unless the General Rule applies to this organization because it received nonexclusively
religious, charita	ble, 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 eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

STAGE ONE: THE LOUISVILLE CHILDREN'S

Employer identification number

THEATRE,	INC.		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Trume; dudiess; dna 2.1 7.	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

31,920.

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Name of organization

STAGE ONE: THE LOUISVILLE CHILDREN'S

THEATRE, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7		\$.	90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) - Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$ -	83,903.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_	107,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

Part II	Noncash Property	(see instructions).	Use duplicate copies	of Part II if additional space is need	ded.
---------	------------------	---------------------	----------------------	--	------

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 _ \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	- - - - - - - - - - -	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	- - - - - - - - -	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	- - - \$ Schedule B (Form	990, 990-EZ, or 990-PF) (2014)
	Description of noncash property given (b) Description of noncash property given	Description of noncash property given S

lame of organi	zation		Employer identification number				
TAGE ONE:	THE LOUISVILLE CHILDREN'S						
HEATRE, IN	NC.		d in eaching ED1(a)(7) (9) or (10) that total mars then E1 000 for				
Part III	the year from any one contributor. Comp	contributions to organizations described plete columns (a) through (e) and the folio	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations				
	completing Part III, enter the total of exclusively re	eligious, charitable, etc., contributions of \$1,000 c	or less for the year. (Enter this info. once.)				
(a) No	Use duplicate copies of Part III if add	litional space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-							
		(e) Transfer of gi	ft				
		(-,					
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee				
<u> </u>							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
] —							
-							
		(e) Transfer of git	ft				
		, (0)	•				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) Na							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-							
		(e) Transfer of git	tt ·				
	(=)						
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-							
	(e) Transfer of gift						
	(-)						
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee				
.	4. 14.44		*				
			·				

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

STAGE ONE: THE LOUISVILLE CHILDREN'S

Employer identification number

Da.	41	Organizations Maintaining Donor Advise	d Funds or Othe	r Similar Funds or	Accounts Complete if the
Pai	LI	•		i Giinnai i anas oi	Accounts. Complete it the
		organization answered "Yes" to Form 990, Part IV, line	(a) Donor adv	sed funds	(b) Funds and other accounts
		·	(a) Donor adv	sed larids	(b) I and and other accounts
1		umber at end of year			
2		gate value of contributions to (during year)			
3		gate value of grants from (during year)			
4		gate value at end of year		1 1111 - 1 1 1 1 5	
5		e organization inform all donors and donor advisors in v			
		organization's property, subject to the organization's			
6		e organization inform all grantees, donors, and donor a			
		ritable purposes and not for the benefit of the donor o			1 1 [[
No.		nissible private benefit?			
Pai	Resignation of the Residence of the Party of Street, S	Conservation Easements. Complete if the org			v, line 7.
1		se(s) of conservation easements held by the organization		A	
		Preservation of land for public use (e.g., recreation or e		eservation of a historica	
		Protection of natural habitat	L Pi	eservation of a certified	historic structure
		Preservation of open space			
2	Compl	ete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribution in the form of a	conservation easement on the last
	day of	the tax year.		-340	I I I I I I I I I I I I I I I I I I I
					Held at the End of the Tax Year
а		umber of conservation easements			1 1
b				***************************************	
С		er of conservation easements on a certified historic stru			2c
d		er of conservation easements included in (c) acquired a	193880. \$500P		
		n the National Register			
3	Numbe	er of conservation easements modified, transferred, rel	eased, extinguished,	or terminated by the org	anization during the tax
	year 🕨				
4		er of states where property subject to conservation eas			
5		he organization have a written policy regarding the per		ection, handling of	
		ons, and enforcement of the conservation easements it			
6		nd volunteer hours devoted to monitoring, inspecting,			
7		nt of expenses incurred in monitoring, inspecting, and e			
8		each conservation easement reported on line 2(d) abov	e satisfy the requirem	ents of section 170(h)(4	
		ction 170(h)(4)(B)(ii)?			
9		XIII, describe how the organization reports conservation			
	include	e, if applicable, the text of the footnote to the organizat	ion's financial statem	ents that describes the o	organization's accounting for
Francisco	conse	vation easements.	. A		- Cincilar Assats
Pai	t III	Organizations Maintaining Collections of		reasures, or Othe	r Similar Assets.
		Complete if the organization answered "Yes" to Form			
1a		organization elected, as permitted under SFAS 116 (AS			
		cal treasures, or other similar assets held for public exh		research in furtherance	of public service, provide, in Part XIII,
		t of the footnote to its financial statements that descri			
b		organization elected, as permitted under SFAS 116 (AS			
		res, or other similar assets held for public exhibition, ed	ducation, or research	n furtherance of public s	service, provide the following amounts
		g to these items:			
	(i) Re	venue included in Form 990, Part VIII, line 1			
2		organization received or held works of art, historical trea			n, provide
	the fol	owing amounts required to be reported under SFAS 1	16 (ASC 958) relating	to these items:	
а		ue included in Form 990, Part VIII, line 1			
b	Assets	included in Form 990, Part X			> \$

	dule D (Form 990) 2014 Indanta, In		Historiaal T		or Otho	r Cimilar A	20 oto/		age =
Pal	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other records,	check any of the	e following the	at are a siç	gnificant use o	f its collect	on iten	ns
	(<u>check</u> all that apply):								
а	Public exhibition	d	Loan or exc	change progr	ams				
b	Scholarly research	е	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain I	now they further	the organizat	ion's exen	npt purpose in	Part XIII.		
5	During the year, did the organization solicit or	r receive donations of	art, historical trea	asures, or oth	ner similar	assets			
	to be sold to raise funds rather than to be ma						Yes		☐ No
Pai	t IV Escrow and Custodial Arrang						IV, line 9, o	or	
	reported an amount on Form 990, Par		Ŭ						
1a	Is the organization an agent, trustee, custodia		rv for contributio	ns or other a	ssets not i	ncluded		***************************************	
	on Form 990, Part X?						Yes		□No
h	If "Yes," explain the arrangement in Part XIII a						, —		
D	ii res, explain the analigement in racking	and complete the follo	wing table.				Amou	nt	
	D. M. Santalana					1c	741100		"
	Beginning balance								
	Additions during the year					·	***		,
	Distributions during the year					ا مما			
	Ending balance						П.		٦.,
	Did the organization include an amount on Fo		100	200.0006		ty?	Yes	·	⊣ No
PT 5775	If "Yes," explain the arrangement in Part XIII.							<u></u>	
Pai	t V Endowment Funds. Complete if	the organization ansy		DE MONTORES PERM					
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three years b	ack (e) Fo	ur years	s back
1a	Beginning of year balance			***					
b	Contributions								
С	Net investment earnings, gains, and losses		<u> </u>						
d	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end halance	(line 1a column (all held as:					
a	Board designated or quasi-endowment		K	α,, ποια αστ					
	Permanent endowment	%							
b									
С	Temporarily restricted endowment								
_	The percentages in lines 2a, 2b, and 2c shou		414 1141 -		auad fau tha	i			
За	Are there endowment funds not in the posses	ssion of the organizati	on that are new a	and administ	erea for th	e organization		V	T NI=
	by:						[n-/:	Yes	No
	(i) unrelated organizations								
	(ii) related organizations							4—	
b	If "Yes" to 3a(ii), are the related organizations	·					3b		
4	Describe in Part XIII the intended uses of the		ment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" to Form 990, F	Part IV, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or oth	er (b) Cos	t or other	(c) Ac	cumulated	(d) Bo	ok valu	ıe
		basis (investme	nt) basis	(other)	dep	reciation			
1a	Land								
	Buildings								
c	Leasehold improvements	l l		54,343.		7,772.		46	,571.
d	•			94,248.		70,829.		23	,419.
	Equipment	j		35,214.		35,180.			34.
	Other		column (P) line		<u> </u>	→		70	,024.
rota	. Add lines Ta through Te. (Column (d) must ed	yuari Oilli 330, Fail A,	column (D), line				i		,•

Schedule D (Form 990) 2014

THEATRE, INC.

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11b. See Form 990,		1 - f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of \	/aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				-,
(C)				
(D)				
(E) (F)				1
(F) (G)				
(d) (H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990. Part IV	. line 11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	į.			
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		, line 11d. See Form 990,	Part X, line 15.	#NDL
(a) L	Description			(b) Book value
(1)				
(2)				4 L - 2 L
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•		
Part X Other Liabilities.	, 10.,	***************************************		
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11e or 11f See Forn	n 990 Part X line 25	
1. (a) Description of liability	010111000,1 21111	(b) Book value		
(1) Federal income taxes				
(2) LINE OF CREDIT		148,225.	200 Table 100 Ta	
(3) CAPITAL LEASE OBLIGATION		3,383.		
(4)		,		
(5)				
(6)				
(7)				
(8)		0.0000		
(9)				· C
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) >	151,608.		

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 X

Page 3

THEATRE, INC.

га	Reconciliation of Revenue per Audited Financial Statements with	Revenue per F	teturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	1,806,178.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	J			
b		3,800.		
С				
d				
е			2e	3,800.
3	Subtract line 2e from line 1	•••••	3	1,802,378.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	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	1,802,378.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per	Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,614,959.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	3,800.		
b	Prior year adjustments 2b			
С	Other losses 2c			
q	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	3,800.
3	Subtract line 2e from line 1		3	1,611,159.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,611,159.
The state of the s	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b at		1; Part X, I	ine 2; Part XI,
ines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	ation.		
PART	X, LINE 2:			
PHE	ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ORGANIZATION AND IS			
EXEM	PT FROM FEDERAL TAXATION UNDER THE PROVISIONS OF SECTION 501(C)(3) OF			
PHE	INTERNAL REVENUE CODE.			
PHE (ORGANIZATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS USING THE			
		,		
'MOR	E-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ACCOUNTING STANDARDS			
CODI	FICATION. NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED			
(N T	HE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION'S 2011-2014			
'AX	YEARS REMAIN OPEN AND SUBJECT TO EXAMINATION.			
		*	***************************************	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

Inspection

Name of the organization STAGE ONE:	THE LOUISVILLE CHILDREN'S	and its	instru	ctions is at www.irs.g		ntification number
THEATRE, IN	IC.					
Part I Fundraising Activities. required to complete this part	Complete if the organization answe t.	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(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			
					· ·	
					-	
rotal		,,,,,,,,,,	>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
	· · · · · · · · · · · · · · · · · · ·					

	nedu art	Ile G (Form 990 or 990-EZ) 2014 THEATRE, I Fundraising Events. Complete if the	NC.	d "Yes" to Form 990 Pa	rt IV line 18 or reporter	Page 2
		of fundraising event contributions and gr	oss income on Form 99	0-EZ. lines 1 and 6b. List	events with gross rece	eints greater than \$5,000
			(a) Event #1 PAY IT FORWARD:	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CHAMPIONS NIGHT (event type)	(event type)	(total number)	col. (c))
nue			(Cvent type)	(event type)	(total number)	
Revenue	1	Gross receipts	48,290.			48,290.
	2	Less: Contributions	5,245.			5,245.
_	3	Gross income (line 1 minus line 2)	43,045.			43,045.
	4	Cash prizes				***************************************
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,378.		The second secon	1,378.
rect E	7	Food and beverages	21,020.	A		21,020.
۵	8	Entertainment				
	9	Other direct expenses		<u> </u>		. 5.
	10	Direct expense summary. Add lines 4 through		····		22,403.
Pa	11 rt 1	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a		990 Part IV line 19 or i	reported more than	20,642.
		\$15,000 on Form 990-EZ, line 6a.			oportod more than	
Revenue		·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes			***************************************	
xbens	3	Noncash prizes			·	
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes %	Yes % 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)		>	
а	ls th	er the state(s) in which the organization condunce organization licensed to conduct gaming ac	tivities in each of these s			Yes No
		re any of the organization's gaming licenses reverses, explain:			/ear?	Yes No

432082 08-28-14

STAGE ONE: THE LOUISVILLE CHILDREN'S

Sch	nedule G (Form 990 or 990-EZ) 2014 THEATRE, INC.	1.7	Page 3
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:		
	The organization's facility	13a	%
	An outside facility	1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o 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 ▶		
	<u> </u>		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b, 10	0b, 15b,

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

THEATRE, INC.

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

2014

Open To Public Inspection

Name of the organization

STAGE ONE: THE LOUISVILLE CHILDREN'S

Employer identification number

Pai	t I Typ	es	of Property							
				(a)	(b)	(c) Noncash cor	tribution	Mot	(d)	
				Check if applicable	Number of contributions or	1			hod of determining contribution amounts	
				арричави		d Form 990, Part		11011043		
1	Art - Works	of a	art				_			
2	Art - Histori	cal	treasures							
3	Art - Fractio	nal	interests							
4	Books and	puk	olications							
5	Clothing an	d h	ousehold goods							
6	Cars and o	her	vehicles	-						
7	Boats and	olar	nes							
8	Intellectual	pro	perty	-						
9	Securities -	Pul	olicly traded							_
10	Securities -	Clo	sely held stock						····	
11	Securities -	Pai	tnership, LLC, or							
	trust interes	sts								
12	Securities -	Mis	scellaneous							
13	Qualified co	nse	ervation contribution -							
	Historic str	ıctı	ıres	-	A SECTION ASSESSMENT	<u> </u>				
14			ervation contribution - Other	·						_
15			esidential						1	
16			ommercial			<u> </u>				
17			ther	l l						_
18										
19						5	1,238.	FMV		
20			dical supplies	1000 CO	4			ļ		_
21										_
22			cts	7				ļ		
23			imens					ļ		
24		al a	artifacts				14 070		DOMOR	
25	Other >	(CARPET	X		1	14,872.	VALUED BY	DONOR	_
26	Other -	(OFFICE FURNIT)	X	4		7,775.	FMV	DOMOR	_
27	Other -	(PRINTING SERV)	X		6	5,485.	VALUED BY	DONOR	_
28	Other ►	()					1		
29			ms 8283 received by the orga						0	
	for which th	ie o	rganization completed Form	8283, Part IV,	Donee Acknowled	agement	29			
	5 ' "					anastad in Dart I I	inaa 1 thrai	iah 00 that it	Yes No	
30a			r, did the organization receive							
			it least three years from the d						30a x	
			ses for the entire holding perio						30a A	
			be the arrangement in Part II		and divine the vertice	u of any non oton	dard contrib	utiono?	31 X	
31			nization have a gift acceptant						31 X	
32a		_	nization hire or use third partie						32a X	
	contribution									
			be in Part II. ion did not report an amount	in column (a)	for a type of prop	erty for which col	ımn (a) ie ci	hecked		
33	describe in			in column (C)	ioi a type oi piop	City for willon coll	anni (a) is U	iconed,		
	aggoring III	ı a	L 11.							46500

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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 III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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.
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.
GOVERNATING BODY TATION TO THE PERSON.
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.

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

Schedule O (Form 990 or 990-EZ) (2014)	<u>in the secondarile and regarded about Page 2</u>
Name of the organization STAGE ONE: THE LOUISVILLE CHILDREN'S	Employer identification number
THEATRE, INC.	
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	
THE RECOMMENDATION. THE AUDIT COMMITTEE MEETS WITH THE AUDITORS AT THE	
CONCLUSION OF THE AUDIT TO DISCUSS THE AUDIT RESULTS AND COMMENT	
LETTER.	
·	
	-

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number ►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. THE LOUISVILLE CHILDREN'S THEATRE, INC. STAGE ONE: Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Parti

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations cluting the tax year End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

organizations during the tax year.							
(a)	(q)	(၁)	(p)	(e)	(J)	(6)	MEX40)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 3 (2)(13)	Z(D)(IS) led
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	No
MUSIC THEATRE OF LOUISVILLE, INC -							
61-1138603, 323 W BROADWAY, NO. 600,							
LOUISVILLE, KY 40202	THEATRICAL PRODUCTION	KENTUCKY	501(C)3	LINE 7	N/A		×
CULTURAL PARTNERS SUPPORTING ORGANIZATION -							
26-0320992, 323 W BROADWAY, NO. 701,	PROVIDE SUPPORT TO RELATED						
LOUISVILLE, KY 40202	ORGANIZATIONS	KENTUCKY	501(C)3	LINE 11A, I	N/A		×
							ta
		: :					

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

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Schedule R (Form 990) 2014

Page 2

ated

THEATRE, INC. Schedule R (Form 990) 2014 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it h organizations treated as a partnership during the tax year. PartIII

Percentage ownership Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 乏 Percentage ownership managing partner? Yes Seneral or 9 Ξ Code V-UBI amount in box 20 of Schedule – K-1 (Form 1065) Share of end-of-year assets <u>(6</u> Disproportionate Yes No allocations? Ξ Share of total income £ Share of end-of-year assets **6** Type of entity (C corp, S corp, or trust) Share of total income $\boldsymbol{\Xi}$ Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ <u>e</u> Legal domicile (state or foreign country) 41 <u>ပ</u> Direct controlling entity 9 Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV

Schedule R (Form 990) 2014

432162 08-14-14

Schedule R (Form 990) 2014 THEATRE, INC.

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IIIV?	s with one or more re	lated organizations listed	in Dade ILIVO	>	Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λί			- e	×
b Gift, grant, or capital contribution to related organization(s)				<u> </u>	×
c Gift, grant, or capital contribution from related organization(s)				2	×
d Loans or loan guarantees to or for related organization(s)				무	×
e Loans or loan guarantees by related organization(s)				9	×
f Dividends from related organization(s)				Ť	×
(8		W		= 5	* ×
				2 -	×
				=	×
j Lease of facilities, equipment, or other assets to related organization(s)				 =	×
K Lease of Tacilities, equipment, or other assets from related organization(s)				*	×
Performance of services or membership or fundraising solicitations for	anization(s)			+	×
in Periornalice of services of membership of fundraising solicitations by related organization(s) in Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	anization(s) tion(s)			+	×××
	(c)(no.)			+	4 >
) 0	4
p Reimbursement paid to related organization(s) for expenses				e	×
q Reimbursement paid by related organization(s) for expenses				-	×
r Other transfer of cash or property to related organization(s)	- Andrew State of the Control of the			÷	×
s Other transfer of cash or property from related organization(s)				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
(2)			•		
(3)					
(4)					
(5)					
(9)					
432163 08-14-14	42		C. Fodos	, r	100

Schedule R (Form 990) 2014 THEATRE, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) centage nership				1, 37.	.v		
l or Perc							
General or partner?							
Code V-UBI General or Percentage amount in box 20 partner? ownership (Form 1065) Yes No							
(h) Disproportionate allocations? Yes No							
(g) Share of end-of-year assets			·				
(f) Share of total income	***************************************						
(e) Are all partners sec. 501(c)(3) der Yes No						-	
(d) Predominant income (related, unrelated, excluded from tax under sections 5 12-514)							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

Schedule R (Form 990) 2014

Schedule R	(Form 990) 2014	THEATRE, INC.	4.5				Page 5
Part VII	(Form 990) 2014 Supplemental Infor						
	Provide additional inform	ation for responses	to questions on	Schedule R (see instruction	ons).		
				*****			····-
	WWW.						
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			***************************************				· · · · · · · · · · · · · · · · · · ·
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					A CONTRACTOR OF THE PARTY OF TH		A*

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STAGE ONE: THE LOUISVILLE CHILDREN'S

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



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

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 day of July, 1948.

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 day of July, 1948.

My commission expires Oct. 17, 1949.

FILED AND RECORDED

AUG 1 0 -1948

SECRETARY OF STATE OF KENTUCKY

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 day of January, 1980.

My commission expires: 8/2/7/

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 2 day of January, 1980.

My commission expires: 3

Notary Public

THIS LINEAR WAS PREPARED BY

THOMAS H. MEEKER WYATT, GRAFTON, & SLOSS THUMFELLITH FLOOR OFFICERS PLAZA

LOUISVALE, KY, 40302

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF THE LOUISVILLE CHILDREN'S THEATRE, INC. MONWEALTH OF KENTUCK

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 700 day of January, 1980. ORIGINAL COPY

> FILED SECRETARY OF STATE OF KENTUCKY

FRANKFORT, KENTUCKY

H. Sheppard Musson

President

FEB 11 1980

Mimi Middleton Secretary

Form W-9

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.		
	Stage One: The Louisville Children's Theater, Inc.			
ત્રં	2 Business name/disregarded entity name, if different from above			
page	StageOne Family Theatre			
E	single-member LLC	ation Partnership	☐ Trust/estate	4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):
₽ĕ	☐ Limited liability company. Enter the tax classification (C=C corporation, S	S=S corporation, P=partners	hlp) ►	Exempt payee code (If any) 1
Print or type : Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; of the tax classification of the single-member owner.	check the appropriate box in	the line above for	Exemption from FATCA reporting code (if any)
ရ ည	Under (see instructions) ► 5 Address (number, street, and apt. or suite no.)			(Applies to accounts maintained outside the U.S.)
eci	315 W. Market St., Ste. 2S		Requester's name a	and address (optional)
S S	6 City, state, and ZiP code			
Sec	Louisville, KY 40202			
	7 List account number(s) here (optional)			
	(-) to a (-)	•		
Par	Taxpayer Identification Number (TIN)			
	our TIN in the appropriate box. The TIN provided must match the na	ma aluan an line d de eu-	ld Codelese	t
Dackup	O Withholding, For individuals, this is generally your social security nu	mber (SSN) However for	ra Social sec	urity number
residei	It allen, sole proprietor, or disregarded entity, see the Part Linetruction	ne on nega 2 Ear other	1 1 1	
TIN on	s, it is your employer identification number (EIN). If you do not have a page 3.	number, see How to get		
Note.	the account is in more than one name, see the instructions for line	I and the chart on nace A	Or Employer	dentification number
guidėli	nes on whose number to enter.	and the chart on page 4		
Part	II Certification	**************************************	<u> </u>	<u> </u>
	penalties of perjury, I certify that:			
	number shown on this form is my correct taxpayer identification num	ber for I am waiting for a	number to be lee	und to make and
2. I am Serv	not subject to backup withholding because: (a) I am exempt from barice (IRS) that I am subject to backup withholding as a result of a failubager subject to backup withholding; and	ickun withholding or (b)	have not been	ald at house the
	a U.S. citizen or other U.S. person (defined below); and			
	FATCA code(s) entered on this form (If any) indicating that I am exemp	nt from EATCA roporting	la agreement	
Certific because interest general instruct	ation instructions. You must cross out item 2 above if you have been you have falled to report all interest and dividends on your tax return paid, acquisition or abandonment of secured property, cancellation by, payments other than interest and dividends, you are not required tools on page 3.	en notified by the IRS that n. For real estate transac of debt. contributions to	t you are currently tions, item 2 does	not apply. For mortgage
Sign Here	Signature of U.S. person > Will The Area Signature	Date	- 6/12/	2015
	eral Instructions	 Form 1098 (home mortg (tuition) 	age interest), 1098-6	E (student loan interest), 1098-T
Section r Future d	eferences are to the internal Revenue Code unless otherwise noted, evelopments, information about developments affecting Form W-9 (such	• Form 1099-C (canceled	debt)	
as legisla	tion enacted after we release it) is at www.irs.gov/fw9.	 Form 1099-A (acquisition 	n or abandonment o	f secured property)
Purpo	se of Form	provide your correct 1111.		(including a resident allen), to
etum wit vhich ma	lual or entity (Form W-9 requester) who is required to file an information h the IRS must obtain your correct taxpayer identification number (TIN) y be your social security number (SSN), individual taxpayer identification	If you do not return Form to backup withholding. Se By signing the filled-out	e What is backup wil	ter with a TIN, you might be subject thholding? on page 2.
dentification, or ot	TIN), adoption taxpayer Identification number (ATIN), or employer ion number (EIN), to report on an information return the amount paid to her amount reportable on an information return. Examples of information builds but to the control of the con	 Certify that the TIN yo to be issued), 	ou are giving is corre	ct (or you are waiting for a number
	clude, but are not limited to, the following: 199-INT (Interest earned or paid)	2. Certify that you are no		
	199-DIV (dividends, including those from stocks or mutual funds)	applicable, you are also ce	itiiving that as a U.S	if you are a U.S. exempt payee. If c. person, your allocable share of
Form 10	99-MISC (various types of income, prizes, awards, or gross proceeds)	any parmership income tro	m a U.S. trade or bu	isiness is not subject to the
Form 10 rokers)	99-B (stock or mutual fund sales and certain other transactions by	4. Certify that FATCA co	de(s) entered on this	fectively connected income, and form (if any) indicating that you are fee What is FATCA reporting? on
	99-S (proceeds from real estate transactions)	page 2 for further Informati	on.	
Form 10	99-K (merchant card and third party network transactions)		•	

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

General Information

Organization Number 0144489

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

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - Good

State KY

 File Date
 8/10/1948

 Organization Date
 8/10/1948

 Last Annual Report
 6/7/2016

Principal Office 315 WEST MARKET STREET, SUITE 2S

LOUISVILLE, KY 40202

Registered Agent S & H LOUISVILLE, LLC

C/O STITES & HARBISON - MS SARA CRONAN

400 W. MARKET STREET LOUISVILLE, KY 40202-3352

Current Officers

ChairmanMichael MerrickCEOPeter HollowayDirectorMichelle Hawk Heit

DirectorAshley ButlerDirectorKristen ByrdDirectorLea Pauley GoffDirectorElizabeth Kaplan

Director Peggy Krug **Director** Leisa Schulz **Director** Carl Thomas Director Suzanne Wright Director Tyler Hampton Director Sam Corbett Director Jerry Prevss Director <u>Ionathan Riehm</u> Director Mark Rorer Director Jan Helson Director Dot O'Brien

Director

Director

Glenda Thome

Carol Lambert

DirectorBreck Thomas-RossDirectorJessie Broughton

DirectorJamie ParadisDirectorStephanie UbelhartDirectorJennifer Luhrs

Individuals / Entities listed at time of formation

Director NSWILDER

Director MRS HAROLD BRIGHAM

Director MRS J J SIMPSON JR

Incorporator <u>NSWILDER</u>

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.

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

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

Assumed Names

STAGE ONE Active

Activity History

Filing	File Date	Effective Date Org. Referenced
Annual report	6/7/2016 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 6/27/2003	5/25/2006 8:28:12 AM
	-,,	

Annual report	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	LOUISVILLE CHILDREN'S THEATER, INC.

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a <u>Request For Corporate Documents</u> 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
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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