

Applicant/Program: StageOne Family Theatre, *TMC* StageOne Play It Forward Program

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.
N/A

Council Member Signature and Amount

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

Applicant/Program: *Inc.*
StageOne Family Theatre / StageOne Play It Forward Program

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.
N/A

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization StageOne Family Theatre, Inc.

Program Name and Request Amount StageOne Play It Forward Program | \$11,500

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes

Prepared by: **Regina Garr**

Date: 05.28.2026

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records StageOne Family Theatre, LLC.</i>			
Main Office Street & Mailing Address: 1129 Payne Street, Louisville, KY 40204			
Website: www.stageone.org			
Applicant Contact:	Christine Fellingham	Title:	Director of Advancement
Phone:	(502) 498-2505	Email:	development@stageone.org
Financial Contact:	Callie Minks	Title:	Business Manager
Phone:	(502) 498-2440	Email:	cminks@stageone.org
Organization's Representative who attended NDF Training: Bethany Planton			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Kentucky Center		
Council District(s):	4	Zip Code(s):	40202
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: StageOne Play It Forward Program			
Total Request: (\$)	\$ 11,500.00	Total Metro Award (this program) in previous year: (\$)	\$ 8,500.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	External Agency Fund	Amount: (\$)	\$ 50,000.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

In 1946, friends Sara Spencer Campbell and Mary Tyler "Ming" Dick founded the Louisville Children's Theatre at the Woman's Club of Louisville to present such entertainment that would inspire children with love and appreciation for live theatre. For the past 80 years, StageOne Family Theatre has been using the transformative power of live theatre to foster empathy and spark the imagination of young people and their communities.

We believe live theatre is essential to the development of every human being, especially children. Age-appropriate, personally relevant, and inspirational theatre experiences have been shown to have a wide range of emotional, psychological, and educational benefits. Access to high-quality, curriculum-aligned, representational arts experiences helps bridge the gaps in cultural, artistic, and community participation and create equitable futures for every student. Our programming focuses on social-emotional development, equipping students with artistic tools to process the world around them. We aim to give every young person the knowledge they belong in the arts and our theatre spaces.

StageOne strives to help students see themselves and their previously untold and unknown stories reflected in performances that help them better process and understand their own experiences. Our programming includes:

PERFORMANCES

- The performance series (Public and Student Matinees) offers students and families an opportunity to experience live theatrical performances created for younger audiences (toddlers to high school seniors), featuring professional actors and young performers.

- The Touring Series brings performances directly into schools to address transportation challenges.

- Storytellers performances are an interactive, engaging storytime series that incorporates music, movement, reading, and acting to help children ages eighteen months to eight years develop the building blocks of literacy and a lifelong love of theatre.

EDUCATION OUTREACH identifies the intersection of our mission and the evolving needs of schools, educators, and community organizations.

CAMPS & CLASSES:

- Through StageOne Academy, we encourage play, practice, and collaboration to cultivate a lifelong love of drama and the arts. We foster a nurturing environment where children can collaborate with others while exploring the world through drama games and activities tailored to every young person in our classes, regardless of age, experience, or ability, and expand their own skills. StageOne Academy classes run in three semesters - summer, fall, and spring.

- The Walden Conservatory program offers students in-depth, rigorous training in acting, directing, playwriting, stagecraft, stage combat, dance, movement, and voice, as outlined in a five-year curriculum plan. Students are assessed on five 21st-century skills that correlate with theatre skills: communication, collaboration, creativity, initiative, and problem-solving, and apply what they have learned in their performances throughout the year.

Driven by our eight core values—artistic excellence, financial responsibility, communication, radical hospitality, diversity, education, respect, and fun—we serve 30,000+ children and their families in 30 counties in Kentucky and Indiana annually.

StageOne Family Theatre

FY27 Board of Directors DRAFT*

First Name	Last Name	Occupation	Outside Affiliation (s) (if applicable)	Term End Date	Board Office	Committee Assignment(s) (if applicable)
Kathy	Campbell	Owner	Campbell Talent Group	5/31/2029	Marketing Committee Chair	Executive, Marketing
Megan	Cleveland	Esquire	Glenview Trust	5/31/2028	Board Member	Governance
Tamekka	Cornelius	Director of Diversity, Equity, and Inclusion	Kentucky Performing Arts	5/31/2027	Board Member	Governance
John	Escosa	Managing Director - Audit & Assurance	Deloitte Touche Tohmatsu Limited	5/31/2027	Secretary	Executive, Marketing
Jimi	Fitch	Senior VP of Operations	Mutual of Omaha	5/31/2027	Treasurer, Finance Committee Chair	Executive, Finance
Annie	Fultz-Dutton	Director of Government Relations	Associated Builders & Contractors of IN/KY	5/31/2027	Board Member	Marketing
Christopher	Gilbert	Tax Partner	PwC	5/31/2027	Board Member	Finance
Jimica	Howard, Ph.D.	Principal (Shelby Academy)	JCPS	5/31/2027	Board Member	Development
Brad	Keeton	Partner	Frost Brown Todd	5/31/2028	Board Member, Governance Committee Chair	Finance
Alina	Klimkina	Esquire	Dinsmore & Shohl LLP	5/31/2028	Chair	Executive, Governance
Tricia	Lister	Attorney at Law		5/31/2029	Board Member	Governance
Kyle	Merkle	Senior Vice President, Credit and Risk Management	PNC	5/31/2025	Board Member	Finance
Leah	Petrokubi	Retired		5/31/2029	Board Member	Development
Jane	Prizant	Esquire		5/31/2028	Board Member	Marketing
Amy	Schwoeppe	Director of Human Resources	Churchill Downs Incorporated	5/31/2029	Board Member	
Ashley	Smith	Director of Development	Waterfront Park	5/31/2029	Board Member	
Angie	Tobias	Esquire		5/31/2028	Board Member	Marketing
Markus	Winkler	Manager, HR Information Systems/ President	Fitch	5/31/2029	Board Member	Finance

*StageOne Family Theatre will finalize the FY27 Board of Directors during the June 2026 board meeting.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

To ensure our values take center stage, StageOne works tirelessly and creatively to remove financial, geographic, and cultural barriers, providing everyone with a place of belonging and theatre. Play It Forward, our ticket underwriting program, makes it possible for students from all backgrounds to experience the diverse world of live theatre, regardless of their ability to pay, and forge connections to the world today. Play It Forward provides equitable access to all of our programs and helps alleviate obstacles caused by financial barriers.

StageOne respectfully requests \$11,500 to provide 500 free tickets to JCPS Title I schools for one of our weekday matinee performances in the 2026-2027 school year. The series includes GOOSEBUMPS THE MUSICAL: PHANTOM OF THE AUDITORIUM (Grades 3-5), THE BEST CHRISTMAS PAGEANT EVER (all ages), and IF YOU GIVE A MOUSE A COOKIE (Grades Kindergarten - 2). StageOne will prioritize schools that have not attended a student matinee in the past five years. The student matinee series provides a theatrical experience for groups and classes across Kentuckiana, including public, private, and parochial schools. In addition, we craft comprehensive curriculum materials that align with state and national standards, enabling educators to engage students in their classrooms before and after the show. Since 2010, our innovative Play It Forward program has enabled over 750,000 students from all backgrounds to experience the diverse world of live theatre at little to no cost. Many schools have told us that without Play It Forward, the cost would prevent their students from benefiting from StageOne's shows.

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

Funding will be used to provide free tickets to JCPS Title I schools for one of our weekday matinee performances in the 2026-2027 school year. The project costs directly correlate to the funding received. StageOne will provide as many free performances to JCPS students as funding allows.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

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

✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.

✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Arts experiences can help students further develop core competencies of social-emotional learning, including self-management and self-discipline, interpersonal and relationship skills, and self-expression. Theatre gives youth an enhanced sense of literacy, self-expression, confidence, interpersonal communication, and collaboration skills. Youth practice developing their imaginations, which, in turn, inform their decision-making and problem-solving skills. Theatre education teaches life skills that last long after the show has closed.

At a time when youth mental health concerns, academic disengagement, and community instability remain pressing issues, reductions in theatre arts education disproportionately impact the children who would benefit most. StageOne is uniquely prepared to provide programming that strengthens resilience, builds social-emotional intelligence, and supports the healthy development of young people in Jefferson County's most vulnerable neighborhoods. When asked which of these skills teachers/caregivers feel the experience addressed for their students/children in your group, they responded: 60% celebrating diversity, 63% social skills, 26% flexibility, 34% collaboration, 79% creativity, and 43% critical thinking.

Through our custom surveys and analytic methods, we measure the direct impact of each of our shows. The Stage Manager compiles a performance report assessing the students' reactions before, during, and after each performance. Due to school policies, we cannot survey the students directly. However, post-show and pre- and post-residency surveys are sent to all teachers to collect formative and summative assessment information. The data cover basics such as demographics, gathering audience behavior and context, intrinsic impact, and engagement and satisfaction. The information we have collected has been invaluable as we work to provide our audiences with the most comprehensive and engaging arts experience.

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 long history of collaborating with other community organizations to spark imagination, foster empathy, and cultivate a passion for the performing arts. We partner with numerous local organizations for joint programming, cross-promotion, training, scholarships, and community engagement.

StageOne collaborates closely with JCPS, helping them to meet curriculum goals, supporting social-emotional learning, and enabling as many students as possible to participate in our productions.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			0
B: Rent/Utilities			0
C: Office Supplies			0
D: Telephone			0
E: In-town Travel			0
F: Client Assistance (See Detailed List on Page 8)			0
G: Professional Service Contracts			0
H: Program Materials			0
I: Community Events & Festivals (See Detailed List on Page 8)			0
J: Machinery & Equipment			0
K: Capital Project			0
L: Other Expenses (See Detailed List on Page 8)	11500	103500	115000
*TOTAL PROGRAM/PROJECT FUNDS	11500	103500	115000
% of Program Budget	0.1	0.9	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)	103500
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	103500

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
500 Tickets for Louisville Metro Students	\$ 11,500.00		\$ 11,500.00
4,500 Tickets for Louisville Metro Students		\$ 103,500.00	\$ 103,500.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 11,500.00	\$ 103,500.00	\$ 115,000.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>	<p align="center">\$ 0.00</p>	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: 06/01/2026

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

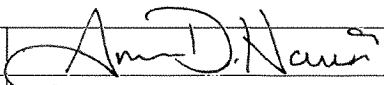
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

Markus Winkler, Board Member, is also a Metro Council Member

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:	06/01/2026
Legal Signatory: (please print):	Andrew D. Harris	Title:	Producing Artistic Direc
Phone:	(502) 498-2435	Extension:	
		Email:	aharris@stageone.org

Internal Revenue Service

Department of the Treasury

District
Director

P.O. Box 2508, Cincinnati, OH 45201

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

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

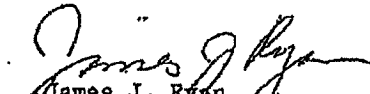
Dear Sir or Madam:

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

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

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

Sincerely yours,


James J. Ryan
District Director

tax id

61-0466715

StageOne

FAMILY THEATRE

Organizational Budget Year Ending May 31, 2026

Revenues	
Ticket	\$467,379
Education	\$486,100
Contributed	\$956,800
Other	\$4,260
Total Revenue	\$1,914,539
Expenses	
Employee Wages and Benefits	\$925,818
Advertising	\$19,800
Contract Artistic Staff	\$145,592
Contract Design Staff	\$67,616
Production Materials and Supplies	\$127,733
Venue	\$120,615
Occupancy	\$146,371
Insurance	\$39,880
Office and Education	\$128,159
Professional Fees	\$132,204
Equipment Rental	\$7,260
Other	\$41,423
Total Expenses	\$1,902,471

Statement of Financial Position

StageOne Family Theatre, Inc.

As of Mar 31, 2026

	TOTAL
Assets	
Current Assets	
Bank Accounts	
SO.11110 Cash- PNC Operating (6492)	544.42
SO.11111 Cash- PNC Payroll (7782)	37,014.29
SO.11112 Cash- PNC Gaming (9311)	1,139.68
SO.11114 Cash- PNC Bank OP (1036)	22,389.10
SO.11116 PNC Scholarship Hobin-Hubbard (4779) RESTRICTED	37.63
SO.11117 PNC Bank LL (4516) RESTRICTED	10,783.26
SO.11118 PNC Money Market (3123)	465.85
SO.11210 PNC Investments (8771)	233.64
Total for Bank Accounts	\$72,607.87
Accounts Receivable	
1100.00 Accounts Receivable	\$145,953.96
1108.00 Grants Receivable	7,500.00
Total for 1100.00 Accounts Receivable	\$153,453.96
SO.11302 Accounts Receivable- Other	-5,825.00
Total for Accounts Receivable	\$147,628.96
Other Current Assets	
1008.10 Box Office Cash Bank	200.00
1503.00 Undeposited Funds	1,427.71
SO.11311 Allow for Uncoll Contr Rec	-4,975.00
SO.11315 Right of Use Asset- Operating Lease	221,578.50
SO.11400 Prepaid Insurance	4,347.36
SO.11401 Other Prepaid Expenses	7,125.00
SO.12200 Certificates of Deposit	4,431.76
SO.12201 AEA Bond CD- RESTRICTED	9,537.20
Total for Other Current Assets	\$243,672.53
Total for Current Assets	\$463,909.36
Fixed Assets	
1700.00 Building	89,700.00
1701.00 Building Renovation	800,300.00
1704.00 Furniture, Fixtures & Equipment	6,342.92
1705.00 Leasehold Improvements	\$0.00
SO.12601 Accum Amort- Leasehold Improvements	-35,409.41
Total for 1705.00 Leasehold Improvements	-\$35,409.41
1750.00 Accumulated Depreciation	-\$20,520.51
SO.12611 Accumulated Depreciation- FF	-93,733.29
SO.12621 Accumulated Depreciation- CH&D	-40,870.43
SO.12631 Accumulated Depreciation- Vehicles	-20,644.42
SO.12641 Accumulated Depreciation	-25,759.00
Total for 1750.00 Accumulated Depreciation	-\$201,527.65

Statement of Financial Position

StageOne Family Theatre, Inc.

As of Mar 31, 2026

	TOTAL
SO.12600 Leasehold Improvement	48,247.82
SO.12610 Furniture, Fixtures and Equipment	107,317.99
SO.12620 Computer Hardware and Software	44,934.04
SO.12630 Vehicles (Stage One)	65,192.11
SO.12640 Costumes and Props	25,759.00
SO.12700 Intangible Assets	\$15,050.00
SO.12701 Accumulated Amortization	-15,050.00
Total for SO.12700 Intangible Assets	\$0.00
Total for Fixed Assets	\$950,856.82
Total for Assets	\$1,414,766.18
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable	67,101.88
SO.20000 Accounts Payable (Stage One)	-699.92
Total for Accounts Payable	\$66,401.96
Credit Cards	
SO.21206 PNC Bank Credit Card Payable (0417)	12,696.20
SO.21207 PNC Bank Credit Card Payable (4990)	23,525.92
Total for Credit Cards	\$36,222.12
Other Current Liabilities	
2200.20 Accrued Interest	-4,310.55
Kentucky Department of Revenue Payable	2.30
SO.21202 PNC Bank Line of Credit (7619)	95,200.20
SO.21204 Sales Tax Payable	-147.60
SO.21208 Operating Lease Liability- Current	221,578.50
SO.21210 Interest Payable	3,695.50
SO.21405 Union Dues Withheld- AEA	-2,066.67
SO.21407 FFTA Contributions Withheld	42.00
SO.21520 Deferred Student Matinee Ticket Sales	157.00
SO.21550 Deferred Camp Revenue	174,597.78
SO.21590 Other Deferred Income	17,393.25
Total for Other Current Liabilities	\$506,141.71
Total for Current Liabilities	\$608,765.79
Long-term Liabilities	
2810.00 SBA Loan 2888327803 (CTC)	150,000.00
Loan- Stock Yards Bank	75,148.42
SO.25000 Loan Payable- SBA	497,864.00
SO.25001 Lease Payable- Sternberg	19,944.56
Total for Long-term Liabilities	\$742,956.98
Total for Liabilities	\$1,351,722.77

Statement of Financial Position

StageOne Family Theatre, Inc.

As of Mar 31, 2026

	TOTAL
Equity	
3000 Opening Bal Equity	-483,747.33
3002.00 Unrestricted Net Assets	255,031.93
3100.00 Restricted Net Assets	17,908.00
SO.31000 Net assets without donor restrictions	689,888.43
SO.32000 Net assets with donor restrictions	48,332.00
3001.00 Retained Earnings	-319,205.08
Net Income	-145,164.54
Total for Equity	\$63,043.41
Total for Liabilities and Equity	\$1,414,766.18

Statement of Activity
StageOne Family Theatre, Inc.
June 1, 2025-March 31, 2026

	TOTAL
Revenue	
Contributed Revenue	
SO.50241 Board Contributions	32,354.53
SO.50242 Individual Contributions	23,940.51
SO.50243 Corporate Contributions	161,700.00
SO.50245 Foundation Contributions	102,129.26
SO.50251 FFTA Allocations- Regular	52,179.75
SO.50252 FFTA Allocations- Special	4,344.00
SO.50360 Governmental Support	78,026.00
SO.50471 Fundraising Events- Various	36,913.00
SO.50472 Fundraising Events- Concessions	1,665.00
SO.50473 Production Advertisement Revenue	750.00
Total for Contributed Revenue	\$494,002.05
Education Revenue	
SO.50131 Classroom Teaching Fees	20,948.80
SO.50132 Camp Fees	411,807.21
Total for Education Revenue	\$432,756.01
Other Income	
SO.50692 Rental Income- Warehouse	5,080.00
SO.50693 Interest and Dividend Income	1,339.53
SO.50695 Misc. Income	33,685.13
Total for Other Income	\$40,104.66
Ticket Revenue	
SO.50002 Single Ticket Sales- Public	131,931.42
SO.50003 Student Matinee Ticket Sales	248,470.51
SO.50008 Merchandise Sales	3,386.41
SO.50010 Membership Revenue	4,453.86
Total for Ticket Revenue	\$388,242.20
Total for Revenue	\$1,355,104.92
Gross Profit	
\$1,355,104.92	
Expenditures	
Advertising Expenses	
SO.61500 Advertising- Print	10,500.00
SO.61502 Advertising- Social Media	5,544.80
Total for Advertising Expenses	\$16,044.80
Artistic Staff	
SO.60001 Salary and Wages- Adult Performers	69,393.29
SO.60005 Contract Choreographer	6,100.00
SO.60601 Employee Benefits- Adult Performers	13,055.80
SO.61002 Contract Performer- Children	5,600.00
SO.61004 Contract Director	5,300.00
SO.61006 Contract Music Director	7,460.00
SO.61104 Contract Stage Manager	2,448.00
Total for Artistic Staff	\$109,357.09

Statement of Activity
StageOne Family Theatre, Inc.
June 1, 2025-March 31, 2026

	TOTAL
Design Staff	
SO.61007 Contract Costume Designer	8,350.00
SO.61008 Contract Sound Designer	5,750.00
SO.61009 Contract Scenic Designer	5,450.00
SO.61011 Contract Lighting Designer	10,400.00
SO.61117 Contract Seasonal Production	41,340.39
SO.65004 Production Staff Housing	551.46
Total for Design Staff	\$71,841.85
Employee Expenses	
SO.60000 Salary and Wages	536,279.84
SO.60500 Payroll Taxes	59,682.57
SO.60600 Employee Benefits	76,093.89
SO.60620 Staff Parking	63.00
SO.64021 Worker's Compensation Insurance	6,162.01
Total for Employee Expenses	\$678,281.31
Equipment Rental	
SO.62200 Office Machine and Equipment Rentals	4,616.10
SO.62201 Shop Equipment Rentals	360.16
SO.62202 Vehicle Rental	2,806.49
Total for Equipment Rental	\$7,782.75
Insurance Expenses	
SO.64020 General Liability Insurance	42,376.21
SO.64022 Directors and Officers Liability	3,273.82
Total for Insurance Expenses	\$45,650.03
Occupancy Expenses	
SO.62000 Rent- Office	33,000.00
SO.62001 Rent- Warehouse	42,230.00
SO.64000 Utilities	37,129.47
SO.64001 Trash Removal	2,944.14
SO.64010 Telephone and Internet	3,909.84
Total for Occupancy Expenses	\$119,213.45
Office and Education Expenses	
SO.61340 Teachers and Instructors	51,220.09
SO.61450 Videography Services	700.00
SO.61451 Graphic Design Services	550.00
SO.61455 Web Hosting Services	1,695.98
SO.61457 Computer Services	9,771.19
SO.61460 Printing Services- Other than Advertising	9,945.31
SO.63011 Books and Classroom Supplies	1,629.69
SO.63012 Postage	380.80
SO.63013 Office Supplies	2,461.95
SO.63016 Dues and Subscriptions	5,633.88
SO.65000 Employee Travel	1,535.58
SO.65001 Meals and Entertainment	10,395.00
Total for Office and Education Expenses	\$95,919.47

Statement of Activity
StageOne Family Theatre, Inc.
June 1, 2025-March 31, 2026

	TOTAL
<hr/>	
Other Expenses	
SO.66000 Taxes and Licenses	83.35
SO.66100 Interest	23,234.03
SO.66101 Credit Card Fees	12,543.39
SO.66103 Bank Charges	1,772.06
Total for Other Expenses	\$37,632.83
Production Materials and Supplies	
SO.61461 Laundry and Dry Cleaning	592.41
SO.62300 Production Rights and Royalties	41,368.55
SO.63000 Set Materials	5,713.53
SO.63001 Costume Materials	9,479.62
SO.63002 Props	1,128.47
SO.63003 Sound Materials	1,373.64
SO.63004 Lighting Materials	950.43
SO.63006 Hardware and Shop Supplies	364.59
SO.63007 Stage Management Supplies	251.43
SO.63008 Blueprints and Drawings	14.31
SO.63009 Gas and Oil	316.75
SO.63014 Maintenance and Repairs- Shop and Office	26,574.25
SO.63015 Maintenance and Repairs- Vehicle/Equipment	75.43
SO.63017 Miscellaneous Expenses	40,552.60
SO.63018 Paint and Paint Supplies	105.67
SO.63019 Special Effects	291.99
SO.63020 Concession Expenses	1,433.04
Total for Production Materials and Supplies	\$130,586.71
Professional Fees	
SO.61452 Finance and Accounting Services	24,000.00
SO.61453 Audit and Tax Services	6,000.00
SO.61454 Legal and Other Professional Services	51,825.00
SO.61456 Tessitura Fees	3,624.95
SO.61458 Payroll Processing Services	11,412.00
Total for Professional Fees	\$96,861.95
SO.61218 Lunchroom Set Up Labor	600.00
Venue Costs	
SO.61217 Venue Production Labor	16,019.50
SO.61230 Ushers- Venue Provided	5,510.00
SO.61231 Security and Accessibility Service	28,505.07
SO.61459 Set up & Ticketing Fees- KCA	7,125.65
SO.61462 Maintenance Fees- KCA	3,010.00
SO.62003 Venue Rent- Public Shows	9,905.00
SO.62004 Venue Rent- Student Matinees	16,418.00

Statement of Activity

StageOne Family Theatre, Inc.

June 1, 2025-March 31, 2026

	TOTAL
SO.62005 Venue Rent- Rehearsals/Tech	4,442.00
Total for Venue Costs	\$90,935.22
Total for Expenditures	\$1,500,707.46
Net Operating Revenue	-\$145,602.54
Net Other Revenue	
Net Revenue	-\$145,602.54



Monroe Shine & Co., Inc.
Certified Public Accountants & Business Consultants
monroeshine.com

STAGEONE FAMILY THEATRE, INC.

2024 RETURN



Monroe Shine & Co., Inc.
Certified Public Accountants & Business Consultants
monroeshine.com

STAGEONE FAMILY THEATRE, INC.
1129 PAYNE ST
LOUISVILLE, KY 40204

STAGEONE FAMILY THEATRE, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2024 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2024 FORM 990

THE ORIGINAL RETURN SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE
FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURN.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT
VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY
BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL
RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH
POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF
YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,

JEREMY M. FINN, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

MAY 31, 2025

PREPARED FOR:

STAGEONE FAMILY THEATRE, INC.
1129 PAYNE ST
LOUISVILLE, KY 40204

PREPARED BY:

MONROE SHINE & CO., INC. CPA'S
PO BOX 22039
LOUISVILLE, KY 40252-9804

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY APRIL 15, 2026

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUN 1, 2024, and ending MAY 31, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

STAGEONE FAMILY THEATRE, INC.

EIN or SSN

61-0466715

Name and title of officer or person subject to tax

**ANDREW HARRIS
PRODUCING ARTISTIC DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,036,041.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MONROE SHINE & CO., INC. CPA'S to enter my PIN 66715
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35156252311

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature MONROE SHINE & CO., INC. CPA'S Date _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2024)

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning JUN 1, 2024 and ending MAY 31, 2025

B Check if applicable: C Name of organization: STAGEONE FAMILY THEATRE, INC. D Employer identification number: 61-0466715 E Telephone number: 502-498-2436 G Gross receipts \$: 2,045,016. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.STAGEONE.ORG K Form of organization: L Year of formation: 1948 M State of legal domicile: KY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7 Governance metrics... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: ANDREW HARRIS, PRODUCING ARTISTIC DIRECTOR. Preparer: JEREMY M. FINN, CPA. Firm: MONROE SHINE & CO., INC. CPA'S.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: STAGEONE FAMILY THEATRE FOSTERS EMPATHY AND SPARKS THE IMAGINATION OF CHILDREN AND THEIR COMMUNITIES THROUGH THE TRANSFORMATIVE POWER OF LIVE THEATRE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code:) (Expenses \$ 654,861. including grants of \$) (Revenue \$ 332,702.) STAGEONE FAMILY THEATRE SERVES THE REGION'S CHILDREN, TEACHERS, AND FAMILIES BY PROVIDING HIGH QUALITY, ENTERTAINING, AND PROFESSIONAL THEATRE FOR YOUNG AUDIENCES AND BY FOSTERING AN APPRECIATION OF THE ARTS THAT DEVELOPS THE WHOLE CHILD, SUPPORTS THE LEARNING ENVIRONMENT, AND BUILDS STRONG FAMILY BONDS. BOTH ON STAGE AND IN THE CLASSROOM, STAGEONE HAS FOR DECADES, BEEN A KEY PARTNER WITH AREA SCHOOL SYSTEMS IN PROVIDING TENS OF THOUSANDS OF YOUNG PEOPLE THEIR FIRST PERFORMING ARTS EXPERIENCE, MANY AT NO COST, SUPPORTING CHILDREN'S AND FAMILY THEATRE IN THE GREATER LOUISVILLE, KENTUCKY AREA. APPROXIMATELY, 34,551 STUDENTS AND FAMILIES ATTENDED IN-PERSON THEATRICAL PRODUCTIONS OF THE TEN STAGED PRODUCTIONS, 23 IN-SCHOOL TOURS AND ELEVEN INTERACTIVE STORYTELLING PERFORMANCES FOR PRESCHOOL AGED YOUTH.

4b (Code:) (Expenses \$ 525,153. including grants of \$) (Revenue \$ 415,210.) STAGEONE PROVIDES IN-SCHOOL RESIDENCIES THAT PROVIDE ARTS-INTEGRATED INSTRUCTION TO COMPLETE CORE CURRICULUM AND MEET STATE EDUCATIONAL STANDARDS. EACH RESIDENCY OR PERFORMANCE IS CUSTOMIZED TO MEET THE NEEDS OF THE SCHOOL AND THE STUDENTS. 6,450 PERSONS WERE SERVED THROUGH EDUCATIONAL WORKSHOPS AND CLASSES IN 2025.

STAGEONE DRAMAWORKS AND WALDEN CONSERVATORY CLASSES PROVIDED THEATRICAL INSTRUCTION IN ACTING, SINGING, DANCING, MOVIE-MAKING, AND TECHNICAL THEATRE TO APPRX 808 STUDENTS DURING THE SUMMER AND AFTER-SCHOOL, PROVIDING ADDITIONAL ENRICHMENT OPPORTUNITIES AND PERFORMANCE-BASED CAMPS.

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

Blank lines for additional program service descriptions.

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

4e Total program service expenses 1,180,014.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 detailing various organizational requirements and their fulfillment status (marked with 'X').

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c. Includes questions about Form 1096 and backup withholding rules.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	23		
1b	Enter the number of voting members included on line 1a, above, who are independent		
	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed KY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
KELLYE SCHALCK - 502-498-2436
1129 PAYNE ST., LOUISVILLE, KY 40204

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2024) with questions 2a through 17, including employee counts, tax return filings, and financial disclosures. Includes a Yes/No grid and numerical input fields.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW HARRIS PRODUCING ARTISTIC DIRECTOR	50.00 0.00			X				104,999.	0.	19,124.
(2) JIMICA HOWARD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(3) LEAH PETROKUBI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(4) CATHY COLLIVER CHAIRPERSON	4.00 0.00	X	X					0.	0.	0.
(5) ANGIE BUCKLER EXECUTIVE COMMITTEE	1.00 0.00	X	X					0.	0.	0.
(6) JOHN SELENT EXECUTIVE COMMITTEE	1.00 0.00	X	X					0.	0.	0.
(7) JIMI FITCH EXECUTIVE COMMITTEE	1.00 0.00	X	X					0.	0.	0.
(8) PATTI CLARE CHAIRPERSON	1.00 0.00	X	X					0.	0.	0.
(9) ELIZABETH ZIMMERMAN EXECUTIVE COMMITTEE	1.00 0.00	X	X					0.	0.	0.
(10) JOHN ESCOSA SECRETARY	1.00 0.00	X	X					0.	0.	0.
(11) KATHY CAMPBELL EXECUTIVE COMMITTEE	1.00 0.00	X	X					0.	0.	0.
(12) CHRISTOPHER HILBERT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(13) MARK GOMSAK BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) BRAD KEETON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(15) MARRUS WINKLER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) KYLE MERKLE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(17) MEGAN CLEVELAND BOARD MEMBER	1.00 0.00	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for board members ALINA KLIMKINA, TRICIA LISTER, TAMEKKA CORNELIUS, ANNIE DUTTON, SHARON YOWELL, JANE PRIZANT, and ANGIE TOBIAS.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. All entries are currently blank.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	28,049.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	220,706.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,047,035.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			1,295,790.			
Program Service Revenue	2 a	EDUCATIONAL PROGRAMS	Business Code	900099	415,210.	415,210.		
	b	PRODUCTIONS	Business Code	900099	312,364.	312,364.		
	c	MEMBERSHIP REVENUE	Business Code	900099	5,231.	5,231.		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			732,805.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			632.		632.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	6a	4,170.			
			(ii) Personal	6b	0.			
			Net rental income or (loss)	6c	4,170.		4,170.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other	7b	651.			
			Net gain or (loss)	7c	-651.		-651.	
	8 a	Gross income from fundraising events (not including \$ 28,049. of contributions reported on line 1c). See Part IV, line 18		8a	0.			
			Less: direct expenses	8b	7,642.			
			Net income or (loss) from fundraising events			-7,642.		-7,642.
	9 a	Gross income from gaming activities. See Part IV, line 19		9a				
			Less: direct expenses	9b				
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances		10a	2,651.				
		Less: cost of goods sold	10b	682.				
		Net income or (loss) from sales of inventory			1,969.		1,969.	
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	900099	8,968.	8,968.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			8,968.			
12	Total revenue. See instructions			2,036,041.	747,912.	0.	-7,661.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII:	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,000.	63,000.	36,750.	5,250.
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	785,387.	567,648.	199,806.	17,933.
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	98,209.	54,725.	42,002.	1,482.
10 Payroll taxes	77,433.	54,846.	20,574.	2,013.
11 Fees for services (nonemployees):				
a Management				
b Legal	54,007.		42,007.	12,000.
c Accounting	65,861.		65,861.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	27,225.			27,225.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	144,479.	115,189.	29,290.	
12 Advertising and promotion	15,080.	671.	13,070.	1,339.
13 Office expenses	28,503.	19,658.	7,880.	965.
14 Information technology	12,288.	1,386.	10,902.	
15 Royalties	33,432.	33,432.		
16 Occupancy	214,367.	152,613.	61,754.	
17 Travel	9,034.	7,074.	642.	1,318.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	34,342.	2,043.	32,299.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,396.	29,677.	12,719.	
23 Insurance	46,480.		46,480.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	54,976.	47,377.	7,599.	
b CREDIT CARD AND SERVICE	26,585.	4,762.	21,823.	
c PRODUCTION COSTS	23,900.	23,434.	466.	
d MISCELLANEOUS	11,187.	2,339.	8,311.	537.
e All other expenses	5,983.	140.	5,387.	456.
25 Total functional expenses. Add lines 1 through 24e	1,916,154.	1,180,014.	665,622.	70,518.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	504,263.	1	200,177.
	2	Savings and temporary cash investments	20,212.	2	20,455.
	3	Pledges and grants receivable, net	103,167.	3	64,221.
	4	Accounts receivable, net	11,080.	4	0.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,482.	9	30,917.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,185,343.		
	10b	Less: accumulated depreciation	10b 236,937.		
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	303,859.	15	221,579.
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,053,173.	16	1,485,755.	
Liabilities	17	Accounts payable and accrued expenses	56,551.	17	123,783.
	18	Grants payable		18	
	19	Deferred revenue	67,542.	19	175,070.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	76,786.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	839,218.	25	900,367.
	26	Total liabilities. Add lines 17 through 25	963,311.	26	1,276,006.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	-22,575.	27	171,392.
	28	Net assets with donor restrictions	112,437.	28	38,357.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	89,862.	32	209,749.	
33	Total liabilities and net assets/fund balances	1,053,173.	33	1,485,755.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,036,041.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,916,154.
3	Revenue less expenses. Subtract line 2 from line 1	3	119,887.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,862.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	209,749.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

STAGEONE FAMILY THEATRE, INC.

Employer identification number

61-0466715

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization (described on lines 1-10 above (see instructions)), (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions). Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1014826.	938,100.	837,616.	718,663.	1295790.	4804995.
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	1014826.	938,100.	837,616.	718,663.	1295790.	4804995.
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)						433,395.
6 Public support. Subtract line 5 from line 4.						4371600.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1014826.	938,100.	837,616.	718,663.	1295790.	4804995.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,020.	2,698.	1,995.	2,015.	632.	9,360.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			15,793.			15,793.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	40,662.	252.				40,914.
11 Total support. Add lines 7 through 10						4871062.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

- 14** Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 89.75 %
- 15** Public support percentage from 2023 Schedule A, Part II, line 14 15 87.50 %
- 16a 33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test - 2023.** 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 - 2024.** 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 - 2023.** 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
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a** 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.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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 integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2024

** Do Not File **
*** Not Open to Public Inspection ***

Table with 3 columns: Contributor's Name, Total Contributions, Excess Contributions. Rows include PNC FOUNDATION, SHUBERT FOUNDATION, BROWN FORMAN, YUM BRANDS, LIFT A LIFE FOUNDATION, and a total row at the bottom showing 433,395.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

STAGEONE FAMILY THEATRE, INC.

Employer identification number

61-0466715

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

STAGEONE FAMILY THEATRE, INC.

61-0466715

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FUND FOR THE ARTS 623 W MAIN ST. LOUISVILLE, KY 40202	\$ 97,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PNC FOUNDATION 1200 4TH ST. LOUISVILLE, KY 40202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SHUBERT FOUNDATION 234 W 44TH ST NEW YORK, NY 10036	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LOUISVILLE METRO GOVERNMENT 611 W JEFFERSON ST. LOUISVILLE, KY 40202	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BROWN FORMAN 850 DIXIE HWY LOUISVILLE, KY 40210	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JEFFERSON COUNTY PUBLIC SCHOOLS 3332 NEWBURG RD. LOUISVILLE, KY 40218	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

STAGEONE FAMILY THEATRE, INC.

61-0466715

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LIFT A LIFE FOUNDATION 6000 BROWNSBORO PARK BVLD SUITE C LOUISVILLE, KY 40207	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

STAGEONE FAMILY THEATRE, INC.

61-0466715

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

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

Name of organization

Employer identification number

STAGEONE FAMILY THEATRE, INC.

61-0466715

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STAGEONE FAMILY THEATRE, INC.

Employer identification number

61-0466715

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

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

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2 regarding collections of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		89,700.		89,700.
b Buildings		800,300.	20,521.	779,779.
c Leasehold improvements		48,248.	35,409.	12,839.
d Equipment		113,661.	93,734.	19,927.
e Other		133,434.	87,273.	46,161.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				948,406.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RIGHT OF USE OPERATING LEASE ASSET	221,579.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	221,579.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ECONOMIC INJURY DISASTER LOAN	650,000.
(3) OPERATING LEASE LIABILITY	221,579.
(4) FINANCE LEASE LIABILITY	28,788.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	900,367.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,036,723.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		2,036,723.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		-682.
c	Add lines 4a and 4b	4c		-682.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,036,041.

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

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

1	Total expenses and losses per audited financial statements		1	1,916,836.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		682.
e	Add lines 2a through 2d	2e		682.
3	Subtract line 2e from line 1	3		1,916,154.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,916,154.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT PROVIDE FOR INCOME TAXES.

THE ORGANIZATION HAS IMPLEMENTED THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME TAXES. UNDER THAT GUIDANCE, TAX POSITIONS NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF MAY 31, 2025, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION FILES FEDERAL FORM 990. THE ORGANIZATION IS NOT CURRENTLY BEING EXAMINED AND MANAGEMENT BELIEVES ITS TAX-EXEMPT STATUS WOULD BE UPHOLD UNDER EXAMINATION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COGS -682.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS 682.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FALL FESTIVAL (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,016.	27,033.	28,049.
	2	Less: Contributions	1,016.	27,033.	28,049.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	447.	7,050.	7,497.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			7,497.
11	Net income summary. Subtract line 10 from line 3, column (d)			-7,497.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

13a		%
13b		%

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

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BMP CONSULTING

(I) ADDRESS OF FUNDRAISER: 4306 CHURCHILL RD, LOUISVILLE, KY 40207

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

STAGEONE FAMILY THEATRE, INC.

Employer identification number
61-0466715

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRODUCTIONS, EDUCATIONAL I-SCHOOL PROGRAMMING, AND EXTRACURRICULAR
THEATRE CAMPS AND CLASSES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE PRODUCING ARTISTIC DIRECTOR AND CERTAIN
BOARD MEMBERS AS DEEMED NECESSARY PRIOR TO ITS FILING. THE FORM 990 IS
PROVIDED TO THE ENTIRE GOVERNING BODY FOR REVIEW, IF POSSIBLE PRIOR TO
FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN OFF THAT
THEY HAVE READ AND ARE FAMILIAR WITH THE ORGANIZATION'S CONFLICT OF
INTEREST POLICIES AND ARE REQUIRED TO DISCLOSE ANY KNOWN CONFLICTS OF
INTEREST.

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 2025.

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 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. THE
ORGANIZATION UTILIZES AN EMPLOYEE EVALUATION REGIME WHICH FACTORS INTO THE
PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE, CHAIRED BY THE TREASURER, WILL ENSURE THAT THE
ORGANIZATION IS COMPLIANT WITH ALL NECESSARY REGULATORY, ACCOUNTING AND
FINANCIAL STANDARDS AND PRACTICES, AND WILL APPOINT AND APPROVE
EXTERNAL AUDITORS.

0144489.09

tsemones
AMR

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
5/31/2024 9:33 AM
Fee Receipt: \$8.00

**RESTATED ARTICLES OF INCORPORATION
OF
STAGEONE FAMILY THEATRE, INC.**

Pursuant to the provisions of Section 273.273 of the Kentucky Revised Statutes, the undersigned corporation, pursuant to a resolution duly adopted by its board of trustees, hereby executes the following Restated Articles of Incorporation:

A. The name of the corporation is StageOne Family Theatre, Inc.

B. As general and controlling purposes, the corporation shall conduct and carry on its work, not for profit, but exclusively for charitable, scientific or educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended ("Code") (references herein to sections or provisions of the Code shall be deemed to include and refer to, to the extent applicable, any similar sections or provisions of any subsequent Federal tax laws), in such manner (i) that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation, except as reasonable compensation for services actually rendered, (ii) that it shall not directly or indirectly participate in or intervene in any political campaign on behalf of any candidate for public office, and (iii) that no substantial part of its activities shall be carrying on propaganda or otherwise attempting to influence legislation.

In furtherance of, and at all times subject to, the aforesaid general purposes, the specific purpose of the Corporation includes, but is not limited to, educating children and families in the City of Louisville and its environs by presenting educational plays, theatrical performances and theatre education programs.

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 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 its pleasure; to sue and be sued in its corporate name; to contract and be contracted with; to make by-laws not inconsistent with law; to promote the purposes for which it is formed in this State and elsewhere as may be permitted by law; to accept gifts and to carry out any terms, requests or conditions prescribed or made by the donor thereof; to become a member of any other religious, charitable or educational corporation organized under the laws of this State, or to become affiliated with other organizations of like

character existing under the laws of this or another State, and any other powers necessary or incident to the accomplishment of the purposes set out hereinabove.

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

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

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

F. The governing authority of this corporation shall be a Board of Trustees consisting of not less than 3 nor more than 35 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 10 members for the normal administration of the business of the corporation.

G. 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.

Certification

The undersigned hereby certify that at a meeting of the Board of Trustees of StageOne Family Theatre, Inc., held on April 30, 2024, after due notice to all members of the Board of Trustees (there being no members of the Corporation) and, upon motion duly made, seconded and approved by the majority of the members of the Board of Trustees, the Articles of Incorporation were restated as set forth above, that these Restated Articles of Incorporation correctly set forth the provisions of the Articles of Incorporation as heretofore amended, and, having been duly adopted as required by law, supersede the original Articles of Incorporation and all amendments hereto.

IN WITNESS WHEREOF, the undersigned Corporation, by its Chair, has executed these Restated Articles of Incorporation as of this 31st day of May, 2024.

STAGEONE FAMILY THEATRE, INC.

By: Cathy Colliver
Cathy Colliver, Chair

COMMONWEALTH OF KENTUCKY
TREY GRAYSON
SECRETARY OF STATE



0144489.09

AMcRay
N601

Trey Grayson
Secretary of State
Received and Filed
06/27/2006 1:53:20 PM
Fee Receipt: \$5.00

STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT OR BOTH

Pursuant to the provisions of Chapters 271B or 273 of the Kentucky Revised Statutes, the undersigned hereby applies to change the registered office or registered agent, or both on behalf of

Stage One: The Louisville Children's Theatre, Inc.
(Exact name of corporation)

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent

Beth T. Conn

2. Registered agent is hereby changed to

WT&C Corporate Services, Inc.

3. Address of current registered office

100 North Sixth Street
4th Floor
Louisville, Ky 40202

4. Registered office is hereby changed to

410 Wyatt, Tarrant + Combs
500 West Jefferson Street
Louisville Ky 40202-2898

The street address of the registered office and the business office of the registered agent, as changed, will be identical.

5. Signature of officer or chairman of the board

Christopher L. Roberts, VP
Signature and Title
Christopher L. Roberts
Type or Print Name and Title
Dated: 06/26/06

6. Consent of Registered Agent

I, WT&C Corporate Services, Inc.
(Print or type name)
consent to serve as the registered agent on behalf of the corporation.
BJ Wiseman, Secretary
Signature of Registered Agent
BJ Wiseman, Secretary
Type or Print Name & Title, if applicable

SECRETARY OF STATE
RECEIVED

FEB 11 1980
ck joo

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

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

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

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

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

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

~~H. Sheppard Musson
107 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 7th day of January, 1980.

ORIGINAL COPY
FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

FEB 11 1980

H. Sheppard Musson

H. Sheppard Musson
President

Mimi Middleton

Mimi Middleton
Secretary

Mimi Middleton

Mimi Middleton
Secretary

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 another State, and any other powers necessary or incident to the

accomplishment of the purposes set out hereinabove.

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

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

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

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

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

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

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

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

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

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

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

IN TESTIMONY WHEREOF, Witness our signatures this 7th day of ~~July~~^{Aug.}, 1948.

N. S. Wilder
Mrs. J. H. Simpson Jr. - W. T. Simpson
Mrs. Harold K. Brigham - Gene Gordon Brigham

STATE OF KENTUCKY

COUNTY OF JEFFERSON

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

IN TESTIMONY WHEREOF, I have hereunder set my hand and seal this 7th day of ~~July~~^{Aug.}, 1948.

My commission expires Oct. 17, 1949.



Henning Hilliard
Notary Public, Jefferson County, Ky.

ORIGINAL COPY
FILED AND RECORDED

DATE AUG 10 1948

George Thomas Spatcher
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

BY S. L. Lynde
DEPUTY

STATE OF KENTUCKY)
 :
COUNTY OF JEFFERSON)

I, a Notary Public, in and for the county and state aforesaid, hereby certify that H. Sheppard Musson, President of STAGE ONE The Louisville Children's Theatre (formerly The Louisville Children's Theatre, Inc.) appeared before me, was sworn under oath and executed the above document in my presence, this 2nd day of January, 1980.

My commission expires: 2/12/81.


Notary Public

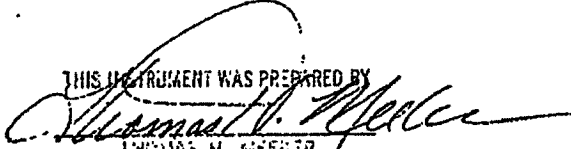
STATE OF KENTUCKY)
 :
COUNTY OF JEFFERSON)

I, a Notary Public, in and for the county and state aforesaid, hereby certify that Mimi Middleton, Secretary of STAGE ONE: The Louisville Children's Theatre (formerly The Louisville Children's Theatre, Inc.) appeared before me, was sworn under oath and executed the above document in my presence, this 0th day of January, 1980.

My commission expires: 2/12/81


Notary Public

THIS INSTRUMENT WAS PREPARED BY


THOMAS H. GREENER
WYATT, CRAFTON, & SLOAN
TWENTY EIGHTH FLOOR OFFICE PLAZA
LOUISVILLE KY. 40202

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>StageOne Family Theatre</p> <p>2 Business name/disregarded entity name, if different from above.</p>
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) Nonprofit 501(c)(3) corporation </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>1129 Payne St.</p> <p>6 City, state, and ZIP code</p> <p>Louisville, KY 40204</p> <p>7 List account number(s) here (optional)</p>
	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here Signature of U.S. person

Date **06-01-2026**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**STAGEONE FAMILY THEATRE, INC. –
LOUISVILLE, KENTUCKY**

FINANCIAL STATEMENTS

**YEARS ENDED
MAY 31, 2025 AND 2024**

STAGEONE FAMILY THEATRE, INC.

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Independent Auditor's Report

Board of Directors
StageOne Family Theatre, Inc.
Louisville, Kentucky

Opinion

We have audited the accompanying financial statements of **StageOne Family Theatre, Inc.** (a nonprofit organization), which comprise the statement of financial position as of May 31, 2025, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of **StageOne Family Theatre, Inc.** as of May 31, 2025, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **StageOne Family Theatre, Inc.** and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statements

The financial statements of **StageOne Family Theatre, Inc.** as of and for the year ended May 31, 2024, were audited by other auditors whose report dated January 30, 2025 expressed an unmodified opinion on those statements.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **StageOne Family Theatre, Inc.**'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness **StageOne Family Theatre, Inc.**'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about **StageOne Family Theatre, Inc.**'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Monroe Shine

Louisville, Kentucky
April, 13, 2026

STAGEONE FAMILY THEATRE, INC.
STATEMENTS OF FINANCIAL POSITION
MAY 31, 2025 AND 2024

ASSETS

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 206,663	\$ 510,506
Certificates of deposit	13,969	13,969
Accounts receivable	11,597	11,080
Pledges and grants receivable, net	52,624	103,167
Prepaid and other	30,917	15,482
Operating lease right-of-use asset	221,579	303,859
Finance lease right-of-use asset	44,548	57,586
Property and equipment, net	903,858	37,524
	<u>\$ 1,485,755</u>	<u>\$ 1,053,173</u>

LIABILITIES AND NET ASSETS

Liabilities		
Accounts payable	\$ 104,644	\$ 29,820
Accrued expenses	19,139	26,731
Deferred revenue	175,070	67,542
Operating lease liability	221,579	303,859
Finance lease liability	28,788	35,359
Notes payable	726,786	500,000
Total Liabilities	<u>1,276,006</u>	<u>963,311</u>
Net Assets (Deficit)		
Without donor restrictions	171,392	(22,575)
With donor restrictions	38,357	112,437
Total Net Assets	<u>209,749</u>	<u>89,862</u>
	<u>\$ 1,485,755</u>	<u>\$ 1,053,173</u>

See notes to financial statements.

**STAGEONE FAMILY THEATRE, INC.
STATEMENTS OF ACTIVITIES
YEARS ENDED MAY 31, 2025 AND 2024**

	2025		2024		
	Without Donor Restrictions	With Donor Restrictions	Without Donor Restrictions	With Donor Restrictions	Totals
REVENUES AND SUPPORT					
Contribution received for the donation of Commonwealth Theatre Center, Inc.	\$ 536,463	\$ -	\$ -	\$ -	\$ -
Educational programs	415,210	-	134,922	-	134,922
Ticket sales and fees	310,614	-	264,717	-	264,717
Contributions and grants	714,528	16,750	299,636	419,027	718,663
Special events, less costs of direct benefits to donors of \$7,642 in 2025	20,407	-	-	-	-
Other income	15,789	-	15,015	-	15,015
Tuition	1,750	-	-	-	-
Gain (loss) on disposal of property and equipment	(651)	-	8,000	-	8,000
Interest income	632	-	-	-	-
Memberships	5,231	-	5,986	-	5,986
Net assets released from restrictions	90,830	(90,830)	415,646	(415,646)	-
Total Revenues and Support	<u>2,110,803</u>	<u>(74,080)</u>	<u>1,143,922</u>	<u>3,381</u>	<u>1,147,303</u>
EXPENSES					
Program services	1,180,696	-	963,930	-	963,930
Management and general	665,622	-	574,005	-	574,005
Fundraising	70,518	-	103,261	-	103,261
Total Expenses	<u>1,916,836</u>	<u>-</u>	<u>1,641,196</u>	<u>-</u>	<u>1,641,196</u>
Change in Net Assets	193,967	(74,080)	(497,274)	3,381	(493,893)
Net Assets at Beginning of Year	(22,575)	112,437	474,699	109,056	583,755
Net Assets at End of Year	<u>\$ 171,392</u>	<u>\$ 38,357</u>	<u>\$ (22,575)</u>	<u>\$ 112,437</u>	<u>\$ 89,862</u>

See notes to financial statements.

STAGEONE FAMILY THEATRE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED MAY 31, 2025

	Program Services			Supporting Services		
	Productions	Education	Total Program Services	Management and General	Fundraising	Total
Salaries and wages	\$ 282,551	\$ 348,097	\$ 630,648	\$ 236,556	\$ 23,183	\$ 890,387
Professional services	95	1,482	1,577	148,059	39,225	188,861
Rent	85,561	5,829	91,390	42,164	-	133,554
Contract labor	103,439	26,084	129,523	-	-	129,523
Employee benefits	34,419	21,612	56,031	42,002	1,482	99,515
Payroll taxes	24,570	30,276	54,846	20,574	2,013	77,433
Utilities	12,202	23,656	35,858	19,015	-	54,873
Repairs and maintenance	2,211	42,906	45,117	7,599	-	52,716
Insurance	-	-	-	46,480	-	46,480
Depreciation	29,677	-	29,677	12,719	-	42,396
Interest	-	2,043	2,043	32,299	-	34,342
Royalties	27,836	5,596	33,432	-	-	33,432
Supplies	17,284	8,247	25,531	466	-	25,997
Security	24,058	-	24,058	575	-	24,633
Credit card processing fees	1,235	-	1,235	17,820	-	19,055
Advertising	-	671	671	13,070	1,339	15,080
Office expense	181	2,857	3,038	7,880	965	11,883
Bad debt	-	-	-	8,050	-	8,050
Travel expense	1,771	4,692	6,463	-	-	6,463
Dues and subscriptions	90	50	140	5,387	456	5,983
Event expenses	5,786	-	5,786	-	-	5,786
Bank charges and fees	-	-	-	4,003	-	4,003
Miscellaneous	1,978	1,043	3,021	261	537	3,819
Meals and entertainment	599	12	611	643	1,318	2,572
Total Functional Expenses	\$ 655,543	\$ 525,153	\$ 1,180,696	\$ 665,622	\$ 70,518	\$ 1,916,836

See notes to financial statements.

STAGEONE FAMILY THEATRE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED MAY 31, 2024

	Program Services			Supporting Services		
	<u>Productions</u>	<u>Education</u>	<u>Total Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Salaries and wages	\$ 317,020	\$ 84,419	\$ 401,439	\$ 278,226	\$ 37,193	\$ 716,858
Rent	163,511	132	163,643	16,076	8,318	188,037
Professional services	470	-	470	106,167	42,150	148,787
Contract labor	94,402	4,189	98,591	-	-	98,591
Employee benefits	60,428	469	60,897	35,286	373	96,556
Payroll taxes	31,828	9,144	40,972	21,871	2,907	65,750
Supplies	58,664	-	58,664	793	-	59,457
Security	-	43,768	43,768	-	-	43,768
Office expense	5,204	-	5,204	32,637	2,295	40,136
Insurance	7,172	-	7,172	17,175	3,586	27,933
Royalties	27,931	-	27,931	-	-	27,931
Utilities	15,161	182	15,343	9,671	1,361	26,375
Depreciation	10,683	-	10,683	4,578	-	15,261
Interest	422	-	422	13,870	-	14,292
Credit card processing fees	6,111	40	6,151	7,818	-	13,969
Advertising	-	175	175	13,444	-	13,619
Meals and entertainment	392	256	648	7,751	4,928	13,327
Event expenses	10,366	-	10,366	-	-	10,366
Repairs and maintenance	7,500	-	7,500	239	-	7,739
Miscellaneous	645	-	645	5,062	-	5,707
Dues and subscriptions	1,204	-	1,204	3,293	150	4,647
Travel expense	257	1,785	2,042	48	-	2,090
Total Functional Expenses	\$ 819,371	\$ 144,559	\$ 963,930	\$ 574,005	\$ 103,261	\$ 1,641,196

See notes to financial statements.

**STAGEONE FAMILY THEATRE, INC.
STATEMENTS OF CASH FLOWS
YEARS ENDED MAY 31, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
OPERATING ACTIVITIES		
Change in net assets	\$ 119,887	\$ (493,893)
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Depreciation	42,396	15,261
(Gain) loss on sale of property and equipment	651	(8,000)
Amortization of right-of-use operating lease assets	82,280	70,593
Contribution received for the donation of Commonwealth Theatre Center, Inc.	(536,463)	-
(Increase) decrease in assets:		
Accounts receivable	(517)	(1,697)
Pledges and grants receivable, net	50,543	11,484
Prepaid and other	(15,435)	12,268
Inventory	-	3,610
Increase (decrease) in liabilities:		
Accounts payable	49,150	21,836
Accrued expenses	(7,592)	(1,740)
Deferred revenue	1,792	(9,498)
Operating lease liabilities	(82,280)	(71,493)
Net Cash Used In Operating Activities	<u>(295,588)</u>	<u>(451,269)</u>
INVESTING ACTIVITIES		
Purchase of certificates of deposit	-	(249)
Purchase of property and equipment	-	(18,068)
Proceeds received on sale of property and equipment	-	8,000
Net Cash Used In Investing Activities	<u>-</u>	<u>(10,317)</u>
FINANCING ACTIVITIES		
Principal payments on notes payable	(1,684)	-
Principal payments under finance lease obligations	(6,571)	(29,833)
Net Cash Used In Financing Activities	<u>(8,255)</u>	<u>(29,833)</u>
Net Decrease in Cash and Cash Equivalents	(303,843)	(491,419)
Cash and cash equivalents at beginning of year	510,506	1,001,925
Cash and Cash Equivalents at End of Year	<u>\$ 206,663</u>	<u>\$ 510,506</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:		
Cash payments for:		
Interest	\$ 34,342	\$ 26,061
Amounts included in the measurement of operating lease liabilities	88,800	-
Amounts included in the measurement of finance lease liabilities	10,612	6,190
SUPPLEMENTAL SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES:		
Lease assets obtained in exchange for operating lease liabilities	\$ -	\$ 326,746
Lease assets obtained in exchange for finance lease liabilities	-	65,192

See notes to financial statements.

STAGEONE FAMILY THEATRE, INC.
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024

(1) **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Nature of Operations

StageOne Family Theatre, Inc., (the "Organization") is a nonprofit organization incorporated in 1948, for the purpose of fostering empathy and sparking the imagination of children and their communities through the transformative power of live theatre.

The Organization accomplishes its mission through theatre camps, a live storytellers series, and their "Play it Forward" program to provide free or lower cost tickets to students. Through these immersive experiences, the Organization is able to introduce young people to theater that is personally relevant, age appropriate, inspirational and educational.

Through an acquisition dated June 1, 2024, the Organization acquired the operations of Commonwealth Theatre Center (CTC). Both the Organization and CTC have long and rich histories serving the Louisville Metro area with services, productions, education, and other theatre-focused services. The combined organization has retained the Organization's name and will continue to serve the community and provide quality theater for everyone.

Basis of Accounting

The Organization prepares its financial statements under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) with regards to financial statements of not-for-profit organizations. Under this guidance, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions and net assets without donor restrictions. The terms are defined below:

Net assets without donor restrictions - Net assets not subject to donor-imposed restrictions (donors include other types of contributors, including makers of certain grants).

Net assets with donor restrictions - Net assets subject to donor-imposed restrictions (donors include other types of contributions, including makers of certain grants).

Certain prior year accounts have been reclassified to conform with current year presentation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

STAGEONE FAMILY THEATRE, INC.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
MAY 31, 2025 AND 2024

(1 – continued)

Concentration of Credit Risk

The Organization maintains its cash at various financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC). At times, the balances may be in excess of federally insured limits.

Accounts Receivable

The Organization's accounts receivable consists of amounts due for education purposes, musical camps, and ticket sales.

The Organization provides an allowance for credit losses which is based upon a review of outstanding receivables, historical collection information, existing economic conditions, and reasonable and supportable forecasts. Accounts receivable are due 30 days after the date of sale. Accounts receivable past due more than 120 days are considered delinquent. Delinquent receivables are written off based on individual credit evaluation and specific circumstances of the customer. No allowance for credit losses on accounts receivable was recorded at May 31, 2025 and 2024.

Pledges and Grants Receivable

Promises to give are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Promises to give becoming due in the next year are recorded at net realizable value. Promises to give due in subsequent years are reported at the present value of their net realizable value, using risk-free interest rates applicable to the years in which the promises are received. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Grants receivable are amounts owed by various agencies pursuant to grant agreements. The valuation of receivables is based upon an analysis of contractual agreements, collection history, current conditions, and reasonable and supportable forecasts. When accounts are deemed uncollectible, they are written off.

Management established an allowance for expected credit losses of \$5,000 and \$3,700 at May 31, 2025 and 2024, respectively.

Revenues and Support

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as support with donor restrictions that increase that net asset class. However, if a restriction is fulfilled in the same time period in which the contribution is received, the entity reports the support as without donor restrictions.

The Organization's non-contribution revenue, which is most commonly ticket sales and program registrations, contain a single delivery element and revenue is recognized at a single point in time when the performance obligations are satisfied which typically occurs when the production or program is held. Payment generally occurs at the time the sale is made.

STAGEONE FAMILY THEATRE, INC.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
MAY 31, 2025 AND 2024

(1 – continued)

Deferred revenue consists primarily of advance camp enrollment registrations, ticket sales and registration fees for summer camps, performances and events in the following fiscal year.

The contract balances were as follows at May 31, 2025, 2024 and 2023:

	<u>2025</u>	<u>2024</u>	<u>2023</u>
Accounts receivable	\$ 11,597	\$ 11,080	\$ 9,383
Deferred revenue	175,070	67,542	77,040

Certain contributed services, supplies, property, and rent are reflected as contributions and assets or expense in the accompanying statements at their estimated fair values on the date of contribution. Assets donated with explicit restrictions regarding their use are reported as contributions with donor restrictions. The Organization did not receive any contributed services, supplies, and property during the years ended May 31, 2025 and 2024.

Property and Equipment

Purchased property and equipment are recorded at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are recorded as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Property and equipment are depreciated using the straight-line method over the assets useful lives.

Expenditures for maintenance and repairs are expensed as incurred.

Advertising Costs

Advertising costs are expensed as incurred and totaled \$15,080 and \$13,619 for the years ended May 31, 2025 and 2024, respectively.

Expense Allocation

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization.

Income Taxes

The Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, the financial statements do not provide for income taxes.

STAGEONE FAMILY THEATRE, INC.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
MAY 31, 2025 AND 2024

(1 – continued)

The Organization has implemented the accounting guidance for uncertainty in income taxes. Under that guidance, tax positions need to be recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities. As of May 31, 2025, the Organization has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. The Organization files federal Form 990. The Organization is not currently being examined and management believes its tax-exempt status would be upheld under examination.

(2) **BUSINESS COMBINATION**

On April 30, 2024, the Organization and CTC agreed to merge CTC with and into the Organization under a combination agreement. This agreement became effective on June 1, 2024. Both the Organization and CTC serve the Louisville metropolitan area with outstanding services, productions, education, and other theatre-focused services. The Organization’s board members comprise a majority of the board members after the combination; therefore, the transaction has been accounted for as an acquisition.

In accordance with the combination agreement, the combined activities will continue as part of StageOne Family Theatre, Inc. and will continue to provide the Louisville metropolitan area with outstanding services, productions, education, and other theatre-focused services. Through this combination, the Organization expects to ensure sustainability and growth of mission services in the Louisville community, and to provide theatre for everyone.

In accordance with accounting principles generally accepted in the United States of America, the assets received and liabilities assumed in a business combination are recognized at their fair values as of the acquisition date. The following table summarizes the fair values of identifiable assets received and liabilities assumed:

Cash and cash equivalents	\$ 25,453
Accounts receivable	3,067
Grants receivable	12,057
Prepaid expenses	6,501
Property and equipment	896,343
Total identifiable assets acquired	<u>\$ 943,421</u>
Accounts payable	\$ 67,877
Accrued expenses	4,875
Deferred revenue	105,736
Notes payable	228,470
Total liabilities assumed	<u>406,958</u>
Net assets acquired	<u>\$ 536,463</u>

STAGEONE FAMILY THEATRE, INC.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
MAY 31, 2025 AND 2024

(2 – continued)

Other than the assumption of liabilities in the amount of \$406,958, there was no consideration paid as part of the agreement. Since the fair value of the net assets received exceeds the assumed liabilities, an inherent contribution is deemed to have been made from CTC in the amount of \$536,463. This contribution is reflected in the statements of activities as revenue and an increase in net assets without donor restrictions since the CTC net assets did not contain donor restrictions.

(3) LIQUIDITY

The Organization's financial assets available within one year of the reporting date for general expenditure are as follows:

	<u>2025</u>	<u>2024</u>
Cash	\$ 206,663	\$ 510,506
Certificates of deposit	13,969	13,969
Accounts receivable	11,597	11,080
Pledges and grants receivable, net	52,624	103,167
	284,853	638,722
Less amounts unavailable for general expenditure within one year:		
Net assets with donor restrictions	(38,357)	(112,437)
Certificate of deposit pledged as collateral	(9,537)	(9,537)
	\$ 236,959	\$ 516,748

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. As described in Note 5, the Organization also has a \$100,000 line of credit which it can draw upon in the event of an anticipated liquidity need.

(4) PROPERTY AND EQUIPMENT

Property and equipment at May 31, 2025 and 2024 consisted of the following:

	<u>2025</u>	<u>2024</u>
Land	\$ 89,700	\$ -
Building	800,300	-
Furniture, fixtures, and equipment	113,661	116,434
Costumes and supplies	25,759	25,759
Computer hardware and software	57,533	57,535
Leasehold improvements	48,248	48,248
Total	1,135,201	247,976
Less accumulated depreciation	(231,343)	(210,452)
Property and equipment, net	\$ 903,858	\$ 37,524

STAGEONE FAMILY THEATRE, INC.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
MAY 31, 2025 AND 2024

(5) LINE OF CREDIT

The Organization has a \$100,000 bank line of credit which bears interest at prime plus 2.65%. The line of credit is unsecured and matures on November 11, 2026. There were no amounts drawn on the line of credit at May 31, 2025 and 2024.

(6) NOTES PAYABLE

Notes payable at May 31, 2025 and 2024 were as follows:

	<u>2025</u>	<u>2024</u>
7.250% mortgage note payable to Stock Yards Bank in monthly installments of \$640 including interest, secured by real estate, maturing May 2029	\$ 76,786	\$ -
2.750% Economic Injury Disaster Loan payable to Small Business Administration, in monthly installments of \$641 including interest, maturing May 2050	150,000	-
2.750% Economic Injury Disaster Loan payable to Small Business Administration, in monthly installments of \$2,136 including interest, maturing June 2050	500,000	500,000
	\$ 726,786	\$ 500,000
Total long-term debt	\$ 726,786	\$ 500,000

The following is a schedule by years of maturity requirements on notes payable as of May 31, 2025:

Years ending May 31:

2026	\$ 17,223
2027	17,804
2028	18,346
2029	86,992
2030	17,044
Later years	569,377
	569,377
Total	\$ 726,786

STAGEONE FAMILY THEATRE, INC.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
MAY 31, 2025 AND 2024

(7) NET ASSETS WITH DONOR RESTRICTIONS

At May 31, 2025 and 2024, net assets with donor restrictions consisted of the following:

	<u>2025</u>	<u>2024</u>
Restricted for future programs	\$ 38,357	\$ 112,437
	\$ 38,357	\$ 112,437
	\$ 38,357	\$ 112,437

(8) LEASES

The Organization has operating leases for office and warehouse space with varying lease terms expiring through August 2028. Monthly payments under the operating leases vary from \$3,300 to \$4,223. The Organization also has a five year finance lease for a vehicle which requires monthly payments of \$884. The finance lease obligation is secured by the related vehicle.

The Organization calculates lease liabilities with a risk-free discount rate, using a comparable period to the lease term. Lease payments for leases with a term of 12 months or less are expensed on a straight-line basis over the term of the lease with no lease asset or liability recognized. All nonlease components are recognized separately from the lease components.

The components of operating lease and other rent expenses that are included in rent expense in the statements of functional expenses and the components of finance lease expenses that are included in amortization and interest in the statements of functional expenses for the years ended May 31, 2025 and 2024 were as follows:

	<u>2025</u>	<u>2024</u>
Operating lease costs:		
Operating lease cost	\$ 88,800	\$ 85,900
Short-term and other lease expense	44,754	42,608
	\$ 133,554	\$ 128,508
	\$ 133,554	\$ 128,508
Finance lease costs:		
Amortization	\$ 13,038	\$ 7,606
Interest	2,830	1,945
	\$ 15,868	\$ 9,551
	\$ 15,868	\$ 9,551

STAGEONE FAMILY THEATRE, INC.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
MAY 31, 2025 AND 2024

(8 – continued)

Weighted average lease terms and discount rates as of May 31, 2025 and 2024 were as follows:

	<u>2025</u>	<u>2024</u>
Weighted Average Remaining Lease Term		
Operating leases	2.65 years	3.65 years
Finance lease	3.41 years	4.41 years
Weighted Average Discount Rate		
Operating leases	2.71%	2.71%
Finance lease	8.56%	8.56%

The following is a schedule, by years, of future minimum rental payments required under operating and finance leases that have initial or remaining noncancellable lease terms in excess of one year as of May 31, 2025:

Years ending May 31:	<u>Operating</u>	<u>Finance</u>
2026	\$ 90,276	\$ 10,612
2027	90,276	10,612
2028	39,600	10,612
2029	9,900	1,005
Total lease payments	<u>230,052</u>	<u>32,841</u>
Less: interest	<u>8,473</u>	<u>4,053</u>
 Present value of lease liabilities	 <u>\$ 221,579</u>	 <u>\$ 28,788</u>

(9) **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. No contributions were charged to pension expense for ongoing participation in this Plan during the years ended May 31, 2025 and 2024.

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.

STAGEONE FAMILY THEATRE, INC.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
MAY 31, 2025 AND 2024

(9 – continued)

- 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 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, 2025, the Organization has no plans to withdraw from the Plan.

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 \$15,032 and \$31,382 for the years ended May 31, 2025 and 2024, respectively.

(10) CONCENTRATIONS

At May 31, 2025, pledges and grants from three donors represents approximately 68% of gross receivables. During the year ended May 31, 2025, the Organization received 31% of total contributions and grants from two donors. At May 31, 2024, pledges and grants from three donors represents approximately 94% of gross receivables. During the year ended May 31, 2024, the Organization received 14% of total contributions and grants from one donor.

(11) SUBSEQUENT EVENTS

The Organization has evaluated whether any subsequent events that require recognition or disclosure in the accompanying financial statements and related notes thereto have taken place through April 13, 2026, the date these financial statements were available to be issued.

In June 2025, the Organization entered into a settlement agreement with U.S. Bank to settle the outstanding credit card balance CTC had at the time of the merger totaling \$46,717. The outstanding balance is included in accounts payable on the statements of financial position. The total settlement amount agreed upon was for \$10,000 to be paid back in monthly installments through November 2025. As of April 13, 2026, the entire balance has been repaid.

JEFFERSON COUNTY PUBLIC SCHOOLS TITLE I 2025-2026 ELEMENTARY SCHOOLS

School Name	Has NOT Received Play It Forward Tickets In the last 3 years
ALEX R KENNEDY ELEMENTARY	
ATKINSON ELEMENTARY	x
AUBURNDALE ELEMENTARY	
BATES ELEMENTARY	x
BLAKE ELEMENTARY	x
BLUE LICK ELEMENTARY	
BRANDEIS ELEM*	x
BRECKINRIDGE/FRANKLIN ELEM	x
BYCK ELEMENTARY	x
CAMP TAYLOR ELEMENTARY	x
CANE RUN ELEMENTARY	x
CARTER ELEMENTARY	x
CHANCEY ELEMENTARY	x
CHENOWETH ELEMENTARY	
COCHRAN ELEMENTARY	x
COCHRANE ELEMENTARY	x
COLERIDGE-TAYLOR ELEMENTARY	x
CORAL RIDGE ELEMENTARY	x
CRUMS LANE ELEMENTARY	x
DIXIE ELEMENTARY	x
DR. WILLIAM H PERRY ELEMENTARY	x
EISENHOWER ELEMENTARY	
FAIRDALE ELEMENTARY	x
FERN CREEK ELEMENTARY	x
FOSTER ELEMENTARY	x
FRAYSER ELEMENTARY	x
GOLDSMITH ELEMENTARY	x
GREENWOOD ELEMENTARY	
GUTERMUTH ELEMENTARY	x
HARTSTERN ELEMENTARY	
HAZELWOOD ELEMENTARY	x
INDIAN TRAIL ELEMENTARY	
JACOB ELEMENTARY	x
JEFFERSONTOWN ELEMENTARY	x
JOHNSONTOWN ROAD ELEMENTARY	x
KENNEDY ELEMENTARY	x
KENWOOD ELEMENTARY	
KERRICK ELEMENTARY	
KING ELEMENTARY	x
KLONDIKE LANE ELEMENTARY	

JEFFERSON COUNTY PUBLIC SCHOOLS TITLE I 2025-2026 ELEMENTARY SCHOOLS

LAYNE ELEMENTARY	
LAUKHUF ELEMENTARY	X
LINCOLN PERFORMING ARTS*	
LUHR ELEMENTARY	X
MAUPIN ELEMENTARY	X
MCFERRAN ELEMENTARY	X
MEDORA ELEMENTARY	X
MIDDLETOWN ELEMENTARY*	X
MILL CREEK ELEMENTARY	X
MINORS LANE ELEMENTARY	X
OKOLONA ELEMENTARY	
PORTLAND ELEMENTARY	
PRICE ELEMENTARY	
RANGELAND ELEMENTARY	X
RUTHERFORD ELEMENTARY	X
SANDERS ELEMENTARY	
SCHAFFNER ELEMENTARY	X
SEMPLE ELEMENTARY	X
SHACKLETTE ELEMENTARY	X
SHELBY ELEMENTARY	X
SLAUGHTER ELEMENTARY	
SMYRNA ELEMENTARY	
STONESTREET ELEMENTARY	X
TRUNNELL ELEMENTARY	X
WATTERSON ELEMENTARY	X
WELLINGTON ELEMENTARY	X
WHITNEY YOUNG AT ENGELHARD	
WILKERSON ELEMENTARY	X
WILT ELEMENTARY	X
WHEELER ELEMENTARY*	X
ZACHARY TAYLOR ELEMENTARY	

StageOne Family Theatre		
FY26 Staff		
First Name	Last Name	Job Title
Andrew D.	Harris	Producing Artistic Director
Allison	Sims	Associate Artistic Director
Charlie	Sexton	Conservatory Director
Heather	Burns	Education Director
Vacant		Manager of Student Affairs
Morgan M.	Younge	Education Associate
Keith	McGill	Artistic Associate
Callie	Minks	Business Manager
Harrison	Coffman	Patron Services Manager
Christine	Fellingham	Director of Development and Community Engagement
Amy	Perkins	Marketing Director
Bethany M.	Planton	Grant Consultant
Tracy	Schwab	Production Stage Manager
Ryan	Bennett	Technical Director
Gina	Vito	Costume Manager



Kentucky Secretary of State Michael G. Adams



STAGEONE FAMILY THEATRE, INC.

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Business Registration
Portal

Name Availability Search

Business Forms Library

Prepaid Account Status

Current Representative
Search

Founding Representative
Search

Registered Agent Search

Validate Certificate of
Existence/Authorization

File Annual Report

Change Address or Registered Agent

File Certificate of Assumed Name (DBA)

File Dissolution

Upload a Filing

File Registered Agent Resignation

Manage Assumed Name

Subscribe to changes made to this entity

Print & Mail – Request Certificates

General Information

Organization Number :	0144489
Name :	STAGEONE FAMILY THEATRE, INC.
Profit or Non-Profit :	N - Non-profit
Company Type :	KCO - Kentucky Corporation
Industry :	Educational Services
Number of Employees :	Medium (20-99)
Primary County :	Jefferson
Status :	A - Active
Standing :	G - Good
State :	KY
File Date :	8/10/1948
Organization Date :	8/10/1948
Last Annual Report :	6/13/2025
Principal Office :	1129 PAYNE ST

Registered Agent :

LOUISVILLE, KY, 40204
DINSMORE AGENT CO.
101 S. FIFTH STREET
SUITE 2500
LOUISVILLE, KY, 40202

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