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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No 1545-0047

A	For the	e 2008 calendar year, or tax year beginning $JUN 1, 2008$ and ending	MAY 31, 2009	
В	Check if	Please C Name of organization	D Employer identific	ation number
	applicable	use IRS ROSE BLUMKIN PERFORMING ARTS CENTER		
	Addres	ess label or FOUNDATION		
	Name change	type	36-39	964320
	Initial return	· See Number and street (or P.O. box if mail is not delivered to street address) Room/suit	E Telephone number	
	Termir ation	n- Specific 2001 FARNAM ST	402.	345.4849
	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	1247708.
	Applic tion pendir	CHAIR, NE 00102	H(a) Is this a group re	turn
	pendir	F Name and address of principal officer: RICK PUTNAM	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	uded? Yes No
		empt status. X 501(c) (3) ◀ (insert no.)	If "No," attach a	list. (see instructions)
		te: ► WWW.OTCYP.ORG	H(c) Group exemption	
			r of formation 1994 M	State of legal domicile NE
P	art I	Summary	UD OMBUS MUD	A MATO
G	1	Briefly describe the organization's mission or most significant activities: SUPPORT T	HE OMAHA THE	ATER
JANIMIES & COMBruance		COMPANY FOR YOUNG PEOPLE		
Ę	2	Check this box If the organization discontinued its operations or disposed of mo		
₹	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
. 28	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6 0
	5	Total number of employees (Part V, line 2a)	5	6
<u> </u>	0	Total number of volunteers (estimate if necessary)	6	0.
8	/a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	D	Net unrelated business taxable income from for 1990 t. like 33	7b	
			Prior Year 7059200 •	Current Year
₩2	8	Contributions and grants (Part VIII, Intel 2g) DEC 2 2 2009	1039200.	·
ANNE Sevenue	9	т тшт тот	577895.	-417157.
%		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	311093.	-41/13/.
か	11	Other revenue (Part VIII, column (A), lines (3, 62, 8p, 98, 10c; and 11e) Total revenue - add lines 8 through TT (must equal Part VIII, column (A), line 12)	7637095.	-417157.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7037073.	-41/13/•
	1	Benefits paid to or for members (Part IX, column (A), line 4)		
(A	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
per	h	Total fundraising expenses (Part IX, column (D), line 25)		***************************************
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1438190.	1279456.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1438190.	1279456.
	19	Revenue less expenses. Subtract line 18 from line 12	6198905.	-1696613.
50	3		Beginning of Year	End of Year
sets Jan	20	Total assets (Part X, line 16)	22277234.	16701406.
Net Assets or	21	Total liabilities (Part X, line 26)	24140.	2000.
S.	22	Net assets or fund balances. Subtract line 21 from line 20	22253094.	16699406.
P	art II	Signature Block		
		Under penalties of penyly /I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	, and to the best of my knowledg	ge and belief, it is true, correct,
		and complete outside in preparer (cities dian officer) is based on an information of which preparer has any knowledge	C	
Sig	ın			
He	re	Signature of officer	Date	
		RICK PUTNAM		
		Type or print name and title		
Pai	ď			r's identifying number tructions)
_	u parer's	signature 121, 69 6	mployed >	
	Only	Yours if HANCOCK & DANA PC	EIN ►	
	,	self-employed), address, and 12829 WEST DODGE ROAD #100		
_		ZIP+4 OMAHA, NE 68154	Phone no ► 4	02-391-1065
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No
222	001 12-1	18.08 I HA For Privacy Act and Panerwork Reduction Act Notice see the cenarate in	otructions	Form 990 (2008)

	1 990 (2008)	FOUNDATION	PERFORMING ARTS CENTER complishments (see instructions)	36-3964320 Page
			complishments (see instructions)	
1		organization's mission	COMPANY FOR YOUNG PEOPLE	
	BOFFORT TI	E OMANA INEATER	COMPANI FOR TOUNG PEOPLE	
2	Did the executation			
2			gram services during the year which were not listed on	Yes X N
	the prior Form 990		0	Yes _A_ N
_		iese new services on Schedule		yes X N
3			gnificant changes in how it conducts, any program services	/ L_Yes LA_N
_		nese changes on Schedule O.		
4			ch of the organization's three largest program services by e.	
			section 4947(a)(1) trusts are required to report the amount o	f grants and
	allocations to others	s, the total expenses, and rever	nue, if any, for each program service reported.	
			30000	
4a	(Code.) (Expenses \$ 9	38000 • including grants of \$)(F	Revenue \$
	SUPPORT TH	E OMAHA THEATER	COMPANY FOR YOUNG PEOPLE	
		·		
				-
				
4b	(Code:) (Expenses \$	including grants of \$) (f	Revenue \$
	(0000.) (E.ba.iiaaa 4	motioning grants of \$\psi\$	TO VOITED U

				· · · · · · · · · · · · · · · · · · ·
		·		
	<u></u>			
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		, , , , , , , , , , , , , , , , , , ,		
				· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$	including grants of \$) (F	Revenue \$
			- 1714	

	,			
			5. 4. 40 4 1 1 3 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				
	Other program con	Icas (Describe in Schedule O.)		

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

4e Total program service expenses ▶\$

) (Revenue \$

938000 . (Must equal Part IX, Line 25, column (B).)

Par	CITY Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	ls the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	L
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			١.,
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	[v
46	located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1.0		Х
17	located outside the United States? If "Yes," complete Schedule F, Part III	16 17		X
18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 total of Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization report more than \$15,000 on Part Vini, line say if Pes, complete Schedule G, Part III	20		X
21	Did the organization operate one of more hospitals in Tes, complete ochedule in Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5° If "Yes," complete Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
b		24b		
С				
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a		ŀ	
	рпог year [?] If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
_	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			.,
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	L	X

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Part IV Checklist of Required Schedules (continued)

	·		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

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	The state of the s				
	•	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
_	U.S. Information Returns Enter -0- if not applicable				
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1.10	의		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		1,	
_	(gambling) winnings to prize winners?	1 1	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_			
	filed for the calendar year ending with or within the year covered by this return	<u> </u>	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined in the control of the control		2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				.,
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a	-	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•		İ	v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)"	4a		X
D	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Financial Accounts	bank and			
E.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		E-	1	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	ection?	5a 5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
Ŭ	Tax Shelter Transaction?	riegarding i Tombited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contribute	nons or aifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than \$75?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal	7		
	benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		Х
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganization, have			
	excess business holdings at any time during the year?		8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	<u> </u>	X
10	Section 501(c)(7) organizations. Enter: N/A	1 1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter: N/A	ا مدا			
a	Gross income from members or shareholders	11a	\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441			
10-	amounts due or received from them)	11b	-	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	1	12a	-	-
<u>D</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	<u> </u>	990	(2006)
			rom	・コフリ	ZUUOI

Form 990 (2008)

FOUNDATION

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management				
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe th	e circumstances,			
	processes, or changes in Schedule O. See instructions				
1a	Enter the number of voting members of the governing body	а	6		
b	Enter the number of voting members that are independent	ь	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	th any other			
	officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the di	rect supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form	990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5_		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ers of the			
	governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	s?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur	ing the year			
	by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8ь	Х	
9a	Does the organization have local chapters, branches, or affiliates?		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such cha	pters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organ	zations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990		10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		X
Sec	tion B. Policies				
				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could g	give rise			
	to conflicts?		12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," descnbe		1	
	in Schedule O how this is done		12c	Х	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:				
а	The organization's CEO, Executive Director, or top management official?		15a		X
b	Other officers or key employees of the organization?		15b	ļ	Х
	Describe the process in Schedule O. (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	it with a		1	
	taxable entity during the year?		16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ation's			
	exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (50	01(c)(3)s only) avaılal	ble for		
	public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conf	lict of interest policy	, and fina	ancial	
	statements available to the public.		-		
20	State the name, physical address, and telephone number of the person who possesses the books and	records of the organ	ızatıon 🕨	-	
20	·	records of the organ	ization	<u> </u>	

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

hours per week per we	X Check this box if the organization di (A)	(B))			(D)	(E)	(F)
Per Week Per Week Per Week Per P	Name and Title										Estimated
Week Susan Buffert Susan			(c	hecl	c all 1	that	app	ly)			
PRESIDENT 1.00 X X 0. 0. RICK PUTNAM 3 0. 0. 0. SECRETARY 1.00 X 0. 0. 0. BARRY GISSER 0. 0. 0. 0. CHRIS BLUMKIN 0. 0. 0. 0. JULIE WALKER 0. 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. TOBY SCHROPP 0. 0. 0. 0.		1 7	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation
RICK PUTNAM SECRETARY 1.00 X X 0. 0. BARRY GISSER TRUSTEE 1.00 X 0. 0. CHRIS BLUMKIN TRUSTEE 1.00 X 0. 0. JULIE WALKER TRUSTEE 1.00 X 0. 0. TOBY SCHROPP TRUSTEE 1.00 X 0. 0.											
SECRETARY 1.00 X X 0. 0.		1.00	X	<u> </u>	X		<u> </u>		0.	0.	0.
BARRY GISSER 1.00 X 0.0.0. TRUSTEE 1.00 X 0.0.0. JULIE WALKER 0.0.0. 0.0.0. TRUSTEE 1.00 X 0.0.0. TOBY SCHROPP 0.0.0. 0.0.0. TRUSTEE 1.00 X 0.0.0.									_ :	_	
TRUSTEE 1.00 X 0. 0. CHRIS BLUMKIN TRUSTEE 1.00 X 0. 0. JULIE WALKER TRUSTEE 1.00 X 0. 0. TOBY SCHROPP TRUSTEE 1.00 X 0. 0.		1.00	X	<u> </u>	X	<u> </u>	<u> </u>		0.	0.	0.
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TRUSTEE 1.00 X 0. 0. JULIE WALKER TRUSTEE 1.00 X 0. 0. TOBY SCHROPP TRUSTEE 1.00 X 0. 0.		1.00	X	<u> </u>			┞—		0.	0.	0.
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	` (A) Name and title	(B) Average			(C Posi				(D) Reportable	(E) Reportable	(F) ble Estimat			:d
		hours per week	Individual frustee or director	Individual frustee or director (C) Institutional frustee			Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-Mis		amount of other compensation from the organization organization		tion e on ed
	Total Total number of individuals (including the compensation from the organization	se in 1a) who re	celv	ed n	nore	tha	.n \$1	00,0	0 . 000 in reportable		0.		Yes	0. 0 No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," complete Schedule J for For any individual listed on line 1a, is the s	such individual sum of reportat	le c	omp	ensa	ation	n an	d ot	her compensation from			3		X
5 Sec	and related organizations greater than \$15 Did any person listed on line 1a receive or the organization? If "Yes," complete Schetion B. Independent Contractors	accrue compe	nsat	ion 1						ices rendered to		5		X
1	Complete this table for your five highest of the organization. NONE	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	(A) Name and busines	s address							(B) Description of s	services	C	(C Compe		n
_														
2	Total number of independent contractors from the organization ▶	(including thos	e ın	1) w	ho r	ecei	ved	mor	re than \$100,000 in com	pensation				

Total Add lines 13-11 Total Add lines 13-11 Total Add lines 10-10 Tota							exempt function revenue	business revenue	tax under sections 512, 513, or 514
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Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4)	organizations must	complete all columns.		
All other ermenics	tions must complete column !	A) but are not require	ed to complete columns (P)	101 -	-

Solution Comparison Compa			(A)	(B)	(C)	(D)
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10 Payroll taxes 11 Fees for services (non-employees). 3 Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 22 Advertising and promotion 3 Office expenses 1 Information technology 15 Royalties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any feddral, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Interest 21 Payments of taxel or local public officials 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a b c c d d f All other expenses 5 Total functional expenses Add lines 1 through 24f 5 Joint Casts. Check here P following 50P 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined		and section 403(b) employer contributions)				
11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Insurance 24 Other expenses interior and emortization 25 Insurance 26 Other expenses there is expenses not covered above (Expense shown on line 25 below) 28 a 29 beginned to file the properties of the pro	9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·	
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16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 28	14	Information technology				
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23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a b c c d e e f All other expenses 25 Total functional expenses Add lines 1 through 24f 1279456 • 938000 • 341456 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	21	,				
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26 Joint Costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined	-	•	1279456.	938000.	341456.	0.
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined						
reported in column (B) joint costs from a combined						
		* **				

832010 12-18-08

Form 990 (2008)

ROSE BLUMKIN PERFORMING ARTS CENTER 36-3964320 Page 11 FOUNDATION Part X Balance Sheet (A) Beginning of year End of year 6926. 4056. 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 6798335. 10a Land, buildings, and equipment: cost basis 10a **b** Less accumulated depreciation. Complete 4418306. 2562055 4236280. Part VI of Schedule D 10b 10c Investments · publicly traded securities 11 17852002. 12461070. 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 22277234. 16701406. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 22140. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow account liability. Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable 2000. 2000. Other liabilities. Complete Part X of Schedule D 25 24140. 2000. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 22253094. 16699406. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 22253094. 16699406. 33 33 Total net assets or fund balances 22277234. 16701406. Total liabilities and net assets/fund balances

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	X	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
ь	If "Yes," did the organization undergo the required audit or audito?	3 h	,	

832011 12-18-08

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008 Open to Public Inspection

938000.

Schedule A (Form 990 or 990-EZ) 2008

Name of the organization	ROSE	BLUMKIN	PERFORMING	ARTS	CENTER

Employer identification number

			FOUNDAT	ION						36	5-3964320
Pε	art I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this part	l.) (see ins	tructions)		
The	organ	ization is not a	private foundation	because it is: (Please ch	eck only o	ne organiz	zation.)				
1		A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)			
2		A school des	cribed in section 17	<mark>'0(b)(1)(A)(ii)</mark> . (Attach Sc	hedule E.)						
3		A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)((A)(iii). (At	tach Sche	dule H.)	
4				operated in conjunction							he hospital's name,
		city, and state	e:								
5				benefit of a college or un	niversity ov	wned or op	perated by	a govern	mental uni	t describe	ed in
_			(b)(1)(A)(iv). (Comple	·			4700.14				
7	H		_	ent or governmental uni							
7	ш	_	<u>-</u>	eives a substantial part	oi its supp	ort from a	governme	entai unit c	or trom the	general (oublic described in
_			b)(1)(A)(vi). (Comple	•	10 - 1 - 1 - 1	D4 II)					
8	片	-		section 170(b)(1)(A)(vi).	-	-					
9	ш			eives: (1) more than 33							
				nctions - subject to certa							
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	after June 30, 1975.
40			509(a)(2). (Complete	•				5007 17	•· ·		
10	X	_	- ,	perated exclusively to te	•	•					
11	(A)		-	perated exclusively for the		•					• •
				ations described in secti		•		2) See sec	etion 509(a)(3). One	eck the box that
				organization and compl		_					l = "" o"
		a Type I		_ ,.	• • •		tionally int	_		a ∟	Type III - Other
e	•		-	at the organization is not		•	-	-		•	
			=	han one or more publicly		-				9(a)(1) or :	section 509(a)(2).
1		_		ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		[
			rganization, check th				_				
ē	,			organization accepted ar							
				lirectly controls, either al	lone or tog	ether with	persons o	lescribed (ın (II) and (III) below,	
		_		upported organization?							11g(i) X
		•	· ·	n described in (i) above?		_					11g(ii) X
			-	person described in (i)							11g(iii) X
h)	Provide the fo	ollowing information	about the organizations	the organ	ization su	oports.				
				(iii) Tung of	T		1		T		-
(i		of supported	(ii) EIN	(iii) Type of organization	in col (i) lis		(v) Did you organizat		(vi) Is organizatio		(vii) Amount of
	orga	anization		(described on lines 1-9	governing	-	_		(i) organiz U S	ed in the	support
				above or IRC section	Yes		Yes	No	Yes	No	
\sim	АНА	····		(see instructions))	163	140	163	140	163	110	
			47-0494912	TIME O	x		X	Ì	v		938000.
111	EAT	ER COMP	47-0434312	DINE 9		<u> </u>	^		Х	 	930000.
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]				

832021 12-17-08

<u>Total</u>

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

Pa	Support Schedule for)(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	ri)
	(Complete only if you checke	d the box on line t	o, 7, or 8 of Part I.)	-			
	ction A. Public Support	T	1		т		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	1					
_	include any "unusual grants.")				 	 	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			ļ	 		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				 	 	
4	Total. Add lines 1 · 3			ļ	ļ		
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)						
6	Public Support. Subtract line 5 from line 4	<u> </u>					
	ction B. Total Support	l	Ł	1	.k	J	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	(4) 2004	(6) 2003	(6) 2000	(0) 2001	(6) 2000	(i) Total
8	Gross income from interest,			 			
•	dividends, payments received on	:					
	securities loans, rents, royalties				}		
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instruct	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and sto						▶□
Se	ction C. Computation of Pub	lic Support Pe	rcentage		_		
14	Public support percentage for 2008 (line 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2007					15	%
16a	a 33 1/3% support test - 2008. If the				: 14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies		-				▶∟
k	o 33 1/3% support test - 2007. If the				d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qua	, -					▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	•	art IV how the organ	nization
	meets the "facts-and-circumstances"	_	•		•		▶ []
t	o 10% -facts-and-circumstances tes	-					
	more, and if the organization meets t						•
	organization meets the 'facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	sa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2008

Section A. Public Support Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	(a) 2004	(6) 2003	(6) 2000	(u) 2007	(e) 2008	(i) Total
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						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5				<u> </u>		
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support					,	h
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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			-			, <u></u>
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here						▶□
Section C. Computation of Public	Support Po	ercentage				
15 Public support percentage for 2008 (lin	e 8, column (f)	divided by line 13,	column (f))		15	
16 Public support percentage from 2007 S	Schedule A, Par	t IV-A, line 27g			16	
Section D. Computation of Invest	ment Incon	<u>ne Percentage</u>	, .	· · · · · · · · · · · · · · · · · · ·		
17 Investment income percentage for 200	8 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	
18 Investment income percentage from 20	07 Schedule A	, Part IV-A, line 27h	1		18	
19a 33 1/3% support tests - 2008. If the o	rganization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and	d stop here. Th	e organization qua	lifies as a publicly	supported organ	zation	▶ [
b 33 1/3% support tests - 2007. If the o	=					and _
line 18 is not more than 33 1/3%, chec					-	▶ _
20 Private foundation. If the organization	did not check a	hox on line 14 19	a or 19h check t	hie hox and eee i	nstructions	

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

ROSE BLUMKIN PERFORMING ARTS CENTER

Employer identification number 36-3964320

Schedule D (Form 990) 2008

-	FOUNDATION	15 1 01 0: 1 5 1	36-3964320
Par			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6. (a) Donor advised funds	(h) Friedo and other accounts
		(a) Donor advised forids	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's	•	└── Yes
6	Did the organization inform all grantees, donors, and donor a	,	· — —
D .	for charitable purposes and not for the benefit of the donor of		
Par			'art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or public use)	· —	storically important land area
	Protection of natural habitat	Preservation of certific	ed historic structure
_	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con-	servation easement on the last day
	of the tax year.		
	T. 1. 7		Held at the End of the Year
	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
_	Number of conservation easements on a certified historic sti	` '	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the taxable
	year •	and the language of the langua	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe enforcement of the conservation easements it holds?	enodic monitoring, inspection, violations, a	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and anfaraing accompants during the year	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
Ū	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense	
•	include, if applicable, the text of the footnote to the organiza	· ·	
	conservation easements.	ation o interioral statements that describes	the organization a accounting for
Pai	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
	· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these	•	
b	If the organization elected, as permitted under SFAS 116, to		ice sheet works of art, historical treasures.
_	or other similar assets held for public exhibition, education,	·	
	these items:		, p
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS		g, p
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
ь	Assets included in Form 990, Part X		► \$ ► \$
•			·

832051 12-23-08

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

ROSE BLUMKIN PERFORMING ARTS CENTER

Sche	dule D (Form 990) 2008 FOUNDAT	ION					3	6-39	64320	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histor	ical Tr	easures, c	or Other	r Simila	r Asse	ts (conti	nued)
3	Using the organization's accession and other	r records, check any	of the follo	wing tha	it are a signifi	cant use	of its colle	ction ite	ms (chec	k all
	that apply).									
а	Public exhibition	C	I Loa	an or exc	hange progra	ıms				
þ	Scholarly research	•	• 🗀 Ott	ner					·····	
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	n how they	further tl	he organizatio	on's exem	pt purpos	se in Part	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, histo	rical trea	sures, or othe	er sımılar a	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	Trust, Escrow and Custodial		- Complete	ıf organı	zation answe	red "Yes"	to Form	990, Par	t IV, line 9), or
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for coi	ntribution	s or other as	sets not I	ncluded		_	
	on Form 990, Part X?								Yes	☐ No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tab	le:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F		212						Yes	L No
	If "Yes," explain the arrangement in Part XIV									
Par	TV Endowment Funds. Complete				T					
		(a) Current year	(b) Prio	r year	(c) Two year	s back (d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions						······		·····	
C	Investment earnings or losses									
d	Grants or scholarships						······································			
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held a	nd administe	red for the	e organiza	ation	Г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
_	If "Yes" to 3a(ii), are the related organization:	•							3b	
Pa ₁	Describe in Part XIV the intended uses of the Y VI Investments - Land, Building				Dart V. Iraa					
Fen			. 7					····		
	Description of investment	(a) Cost or o	I .		or other (other)	(c) De	preciation	'	(d) Book	value
	Lond	Dasis (IIIVesti	nent)	Dasis	(Ottlet)					
_	Land									
b	Buildings	6343	102			<u> </u>	16320	<u> </u>	/110	30202.
	Leasehold improvements		981.				$\frac{10320}{11492}$			56052.
ď	Equipment		952.		-		28392			26.
	Other			n 10(n) ì			20372		42	36280

Schedule D (Form 990) 2008

ROSE BLUMKII Schedule D (Form 990) 2008 FOUNDATION	N PERFORMING A	ARTS CENTER	36.	-3964320 Page 3
Part VII Investments - Other Securities. Sec	e Form 990. Part X. line 12.			
(a) Description of security or category (including name of security)	(b) Book value	(c) N	fethod of valua end-of-year mark	
Financial derivatives and other financial products Closely-held equity interests Other				
WEITZ BALANCED FUND	7230350.	END-OF-YEAR	MARKET	VALUE
BERKSHIRE HATHAWAY CLASS B	5230720.	END-OF-YEAR		VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12)	12461070.			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13			
(a) Description of investment type	(b) Book value		lethod of valua end-of-year mark	
				. =
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets. See Form 990, Part X, line				(h) Daglerahia
(a)	Description			(b) Book value
		 		
		······································		
,	-			
Total. (Column (b) should equal Form 990, Part X, col (B) lii	ne 15.)		>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
(a) Description of liability		(b) Amount		
Federal income taxes				
DUE TO RELATED ORGANIZATION		2000.		
	-			

2000. ▶ Total. (Column (b) should equal Form 990, Part X, col (B) line 25) In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

832054 12-23-0

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION

Employer identification number 36-3964320

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS PRESENTED BY THE VICE
PRESIDENT OF THE FINANCE COMMITTEE TO THE EXECUTIVE COMMITTEE AND THE FULL
BOARD FOR REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS SIGN THE
CONFLICT OF INTEREST POLICY, AND TO IDENTIFY AND DISCLOSE ANY CONFLICTS AT
THE BEGINNING OF A STAFF OR VOLUNTEER RELATIONSHIP AND THEN ONLY AGAIN
SHOULD THE RELATIONSHIP CHANGE. THE CONFLICTS ARE REVIEWED BY THE MANAGING
DIRECTOR AND THE BOARD PRESIDENT TO DETERMINE NECESSARY ACTION TO BE TAKEN.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFILCT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPONE REQUEST.
FORM 990 PART XI LINE 2C
REVIEW OF AUDIT REPORT
THE PROCEDURES USED BY THE FINANCE COMMITTEE TO REVIEW THE AUDIT HAVE
NOT CHANGED FROM THE PRIOR YEAR.

Employer identification number 36-3964320 Open to Public Inspection OMB No 1545-0047 Direct controlling Direct controlling 2008 entity entity End-of-year assets status (if section Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) 509(A)(2) Total income Exempt Code section 501(C)(3) 0 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>©</u> ▼ See separate instructions. NEBRASKA ROSE BLUMKIN PERFORMING ARTS CENTER THEATRICAL PERFORMANCES AND PERFORMING ARTS EDUCATION Primary activity CLASSES FOR CHILDREN Primary activity 0 Identification of Related Tax-Exempt Organizations 47-0494912, 2001 FARNAM STREET, OMAHA, NE OMAHA THEATER COMPANY FOR YOUNG PEOPLE -FOUNDATION Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury internal Revenue Service SCHEDULE R (Form 990) Part Parti 68102

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Schedule R (Form 990) 2008

ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION

36-3964320

Page 2

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership	janizations Taxable as a Part	tnership								
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)		(F) Share of total Income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	Code V-UBI General or amount in box managing 20 of Schedule partner? K-1 (Form 1065) Yes No	General or managing partner? Yes No
				•						
Part IV Identification of Related Organizations Taxable as a Corporation or Trust	anizations Taxable as a Cor	poration or	frust							
(A) Name, address, and EIN of related organization	Ζ.	Prir	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) y Share of total p, income		(G) Share of Pend-of-year o assets	(H) Percentage ownership
										•
832162 12-23-08			21					Sch	Schedule R (Form 990) 2008	90) 2008

ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION

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Schedule R (Form 990) 2008 FOUNDATION

Organizations
With Related
Transactions
Part ∨

Note. Complete line 1 if any entity is listed in Parts II. III. or IV.			Yes No	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		-	×	\downarrow
b Giff, grant, or capital contribution to other organization(s)		1b	X	
c Gift, grant, or capital contribution from other organization(s)		7	X	~
		14	×	~
		-	×	~
f Sale of assets to other organization(s)		1+	X	V
g Purchase of assets from other organization(s)		19	X	Ų.
h Exchange of assets		†	×	J
i Lease of facilities, equipment, or other assets to other organization(s)		F	×	
			_	- 1
j Lease of facilities, equipment, or other assets from other organization(s)		-1;	×	J.
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	J
l Performance of services or membership or fundraising solicitations by other organization(s)		=	×	ᆈ
m Sharing of facilities, equipment, mailing lists, or other assets		£	×	\downarrow
n Sharing of paid employees		£	×	J.
o Reimbursement paid to other organization for expenses		ę	×	J.
p Reimbursement paid by other organization for expenses		2	×	ᆈ
q Other transfer of cash or property to other organization(s)		5	×	اب
r Other transfer of cash or property from other organization(s)		1	×	\downarrow
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	action thresholds.			
(A)	(9)	(<u>)</u>		
Name of other organization(s)	Transaction type (a-r)	Amount involved	volved	
(1) OMAHA THEATER COMPANY FOR YOUNG PEOPLE	В	6	938000	
(2) OMAHA THEATER COMPANY FOR YOUNG PEOPLE	н	29	290000	-:
(6)				
(4)				
(5)				1
(9)				
22	Sche	Schedule R (Form 990) 2008	990) 200	ဗြ

ROSE BLUMKIN PERFORMING ARTS CENTER

Page 4

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MOTHATION

Schedule R (Form 990) 2008 FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership

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

IIIAI WAS IIO A IEIAEU OIGAIIZAIOI. OEG IIISI UCIONIS EGAIONIOI I COLAIN IIVOSIIIEM PARINESII PA							
(A)	(8)		ê	<u>(ii</u>	Œ	<u>©</u>	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
כופונול			Yes No	למו מספנים	Yes No	of Schedule K-1 (Form 1065)	1 '
				~			
			··· ,				
					<u></u>		
		,					
							!
					_		
							_

Schedule R (Form 990) 2008

4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates

990

Identifying number

FOU	NDATION					PAGE 10		36-3964320
Par	Election To Expense Certain Prope	erty Under Section 1	79 Note If you ha	ve any lis	ted property,	complete Part	V before y	
1 Maximum amount See the instructions for a higher limit for certain businesses								250000.
2 Total cost of section 179 property placed in service (see instructions)								
3 Threshold cost of section 179 property before reduction in limitation								800000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-								
5 Do	illar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	-0- If marned filing sep	oarately, see	instructions		5	
6	(a) Description of p	roperty	(b)	Cost (busin	ess use only)	(c) Elected	i cost	

7 Lı	sted property. Enter the amount from	n.line 29			7			
8 To	otal elected cost of section 179 prop	erty. Add amounts	s ın column (c), lın	es 6 and	7		8	
9 Te	entative deduction. Enter the smalle	r of line 5 or line 8					9	
10 C	arryover of disallowed deduction from	10						
11 B	usiness income limitation. Enter the s	11						
12 S	ection 179 expense deduction. Add	lines 9 and 10, but	t do not enter mo	re than lir	ne 11		12	
	arryover of disallowed deduction to 2	· ·			▶ 13	12	•	
	Do not use Part II or Part III below for							
Par	II Special Depreciation Allow	ance and Other D	epreciation (Do	not inclu	de listed prop	perty)	·	
14 S	pecial depreciation for qualified prop	erty (other than lis	ted property) plac	red in ser	vice during ti	he tax vear	14	
	roperty subject to section 168(f)(1) el		ited property, plat	JCG III JCI	vice during ti	ne tax year	15	
	ther depreciation (including ACRS)	lection					16	182026.
Par		ot include listed n	roperty) (See inst	ructions	······································			102020:
L. Ti	THE PROPERTY OF THE PARTY OF TH	ot moldde noted pi	Sectio		,			
47.14	ACDC deductions for an all and					·	147	
	ACRS deductions for assets placed						¬ 17	
16 If	you are electing to group any assets placed in se Section B - Assets							
	Section B - Asset	(b) Month and	(c) Basis for depr			·	Tion Syst	em
	(a) Classification of property	year placed in service	(business/investri only - see instru	nent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property	_						
b_	5-year property	_						
c	7-year property	_						
_ d	10-year property	_						
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27 5 yrs.	ММ	S/L	
h	Residential rental property	1			27 5 yrs.	MM	S/L	_
		,			39 yrs.	MM	S/L	
j	Nonresidential real property	,			33,7.5.	MM	S/L	
	Section C - Assets	Placed in Service	During 2008 Ta	x Year U	sing the Alte			stem
20a	Class life		T		I	<u> </u>	S/L	
b	12-year		· · · · ·		12 yrs.		S/L	
	40-year				40 yrs.	MM	S/L	
Par					TO yis.	T IAHAI	1 O/L	<u> </u>
							104	
	isted property. Enter amount from lin		10 100				21	-
	otal. Add amounts from line 12, lines							102026
	nter here and on the appropriate line			•	tions - see in:	str.	22	182026.
	or assets shown above and placed II		e current year, er	iter the				
816251 11-08-0	ortion of the basis attributable to sec ₀₈ LHA For Paperwork Reductio				23	· · · · · · · · · · · · · · · · · · ·		<u> </u>
יכימום			. aamarata imatmi					Form 4562 (2008)

Form 456	62 (2008)	FOU	NDATIO	N								36-	3964	320	Page 2
Part V	Listed Proper	rty (Include a	utomobiles,	certain ot	her vehic	eles, c	ellular t	elephone	es, certair	comput	ers, and				
•	recreation, or a Note : For any			using the	standard	d mile	eane rate	or dedu	ictina lea	e eynen	se como	lete onl	v 24a 2	4h colu	mne (a)
	through (c) of	<u>Section A, all</u>	of Section E	3, and Sec	ction C if	appli	icable						y 24a, 24	+D, COIUI	TITIS (a)
Section /	A - Depreciation a	and Other In	formation (Caution:	See the I	nstru	ctions fo	or limits f	or passer	ger autoi	nobiles)				
24a Doy	ou have evidence to	support the bu	sıness/investi	nent use cl	aimed?	. [_]	Yes	No No	24b lf *	Yes," is t	he evide	nce writt	ten?	Yes [No
	(a)	(b)	(c)	_	(d)			e)	(f)		(g)	((h)		(i)
	oe of property vehicles first)	Date placed in	Busines: investme	nt	Cost or			epreciation nvestment	Mecover	Recovery Metho			eciation		cted on 179
(1121	venicles inst)	service	use percen	tage ⁰				only)	period Conver		vention	ention deduction			ost
25 Spec	ial depreciation all	lowance for d	jualified liste	d propert	y placed	ın se	rvice du	ring the	tax year a	nd	İ	İ			
used	more than 50% in	a qualified b	usiness use								25	<u> </u>		<u> </u>	
26 Prope	erty used more tha	an 50% in a c	qualified bus	iness use											
				%										•	
				%											
				%							, , , , , ,				
27 Prop	erty used 50% or l	less in a qual	Ifled busines	s use											
				%						S/L -					
				%						S/L·					
				%						S/L -				1	
28 Add :	amounts in column	n (h), lines 25	through 27.	Enter her	e and on	line	21. page	 - 1			28			1	
	amounts in columi						_ , , pag.						29		
		()) IIIIO 2.01 E	intor moro di	Section			on on U	se of Ve	hicles						
Complete	e this section for v	ehicles used	by a sole or							or relate	d nersor	1			
-	ovided vehicles to								-		•		ing this s	section f	or
those vel									•			•			
				T	(a)	l	(b)		(c)	T	(d)	1	e)	(1	
30 Total	business/investment	miles driven d	luring the	4			Vehicle		Vehicle	1	hicle	1			
	do not include com		iuiiiiy tii o		Vehicle		venicle		VEIIICIE		incle	cle Vehicle		Vehicle	
	•		the year	<u> </u>		\vdash		+		+		 			
	commuting miles	_	•			╁				+		 			
	l other personal (no	oncommuting	g) miles	ŀ		1									
drive						}						 			
	l miles driven durin	•													
	lines 30 through 3			-	1		T			- -	T	 	T	<u> </u>	
	the vehicle availab	ole for persor	nal use	Yes	No	Ye	s N	o Ye	s No	Yes	No_	Yes	No	Yes	No
	ng off-duty hours?				-	<u> </u>					 	 	 	<u> </u>	
35 Was	the vehicle used p	orimarily by a	more										ĺ		
than	5% owner or relat	ted person?				<u> </u>					1	ļ	<u> </u>	ļ	
36 Is an	other vehicle avail	able for perso	onal	İ		1	-								
use?) 				.l						<u> </u>				
		Section C	- Question	s for Emp	loyers V	Vho P	Provide '	Vehicles	for Use	by Their	Employe	ees			
Answer t	hese questions to	determine if	you meet an	exceptio	n to com	pletir	ng Section	on B for	vehicles i	ised by e	mployee	s who a	re not m	ore than	า 5%
owners c	or related persons.														
37 Do y	ou maintain a writt	ten policy sta	tement that	prohibits	all perso	nal us	se of vel	nicles, in	cluding c	ommuting	g, by you	r		Yes	No
empl	loyees?														
38 Do y	ou maintain a writt	ten policy sta	tement that	prohibits	personal	use	of vehicl	es, exce	pt comm	uting, by	your				
empl	loyees? See the in	structions fo	r vehicles us	ed by cor	porate of	fficers	s, direct	ors, or 1	% or more	owners	-			į	
-	ou treat all use of			-	•										
-	ou provide more th	•		•		ınforr	mation fi	rom vou	r emplove	es about					1
	use of the vehicles							,							
	ou meet the requir					mons	stration	use?							+
_	: If your answer to								covered	vehicles					1
	Amortization	707, 00, 03, 4	10, 01 41 13	<u> 163, 001</u>	or comp	iele C	Jection L	3 IOI LITE	covered	veriicies.					<u></u>
I CH C V	(a)			(b)		- 1	c)		(d)		(e)	 T		(f)	
Description of costs Date an					amortization Amortizable				Code	Code Amortiz			tation Arr		I
40 ^	rtization of	hat haster the	uring visite Of	begins	<u> </u>	am	ount		sectio	1	period or pe	centage	tc	or this year	
4∠ Amo	rtization of costs t	nat begins di	uning your 20	Juo tax ye	ar.			I		-					
					 					 .					
40 :			<u></u>		.l							T +			
	rtization of costs t	-	-	-								43			
44 Tota	I. Add amounts in	column (f). S	ee the instru	ictions for	where to	o repo	ort					44			
816252 11		COMMIT (I). O	ee the mant	ictions for	where to	o repo	OIT					1.77.1.	F	orm 456	-

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

	ent of the Treasury Revenue Service	► File a separate application for each return.									
• If yo	u are filing for an Aut	omatic 3-Month Extension, complete only Part I and check this box			▼						
• If yo	u are filing for an Add	litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fo	orm).								
Do not	complete Part II un	less you have already been granted an automatic 3-month extension on a previously filed	d For	m 8868							
Part	1 Automati	c 3-Month Extension of Time. Only submit original (no copies needed).									
A corp	oration required to fil	e Form 990-T and requesting an automatic 6-month extension \cdot check this box and comp	lete		_						
Part I c	only										
	er corporations (inclu ncome tax returns.	ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e	extens	sion of time							
noted I (not au you mi	below (6 months for a stomatic) 3-month extust submit the fully co	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical ension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consompleted and signed page 2 (Part II) of Form 8868. For more details on the electronic filing the e-file for Chanties & Nonprofits	ally (f solida	(1) you want the ted Form 990·T	additional						
Туре С		Employer identification number									
print	(MKIN PERFORMING ARTS CENTER	2	5 206422	Λ						
File by th	Number, street, and room or suite no. If a P.O. box, see instructions.										
filing you return S	66										
instructi 	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OMAHA, NE 68102										
	t ype of return to be Form 990	filed (file a separate application for each return): Form 990-T (corporation) Form 472									
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227										
\square	Form 990·EZ	Form 990-T (trust other than above)	9								
الل	Form 990-PF	Form 1041-A Form 887	0								
Tele ● If th ● If th	ephone No. 402 ne organization does nis is for a Group Retr	not have an office or place of business in the United States, check this box urn, enter the organization's four digit Group Exemption Number (GEN) If this		-							
box P	If it is for pai	t of the group, check this box 🕨 📖 and attach a list with the names and EiNs of all m	nemb	ers the extension	n will cover.						
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until											
2	If this tax year is for lo	ess than 12 months, check reason: Initial return Final return		Change in acco	unting period						
	If this application is for	or Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any as See instructions	3a	\$							
_		or Form 990-PF or 990-T, enter any refundable credits and estimated									
		Include any prior year overpayment allowed as a credit.	3ь	\$							
	Balance Due. Subtra										
	•	pon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			NT / P						
<u> </u>	See instructions.		3c	\$	N/A						
Courtie	an If you are going to	make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 8	8270-	O for payment	inetrilictions						

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

Form 8868 (Rev 4-2009)