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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

inte	mai Kev	venue Service		- The organization								, i mone atal	
			lar year, c	or tax year begin	ning 7/	01	, 2008	, and endin	<u>ig</u> 6	/30		009	
В	Check	ıf applicable	Please use								er identificatı		
	A	ddress change	IRS label	STIEFEL TI		OR THE PI	ERFORMIN	NG ARTS		31-	<u> 1537194</u>	l	
	N:	ame change	or print or type.	FOUNDATION						E Telepho	ne number		
	[]In	ntal return	See specific	P.O. BOX						785	-827-19	998	
	∏ _{Te}	ermination	Instruc- tions.	SALINA, K	5 6/401						_		
	A	mended return								G Gross r	eceipts \$	832,	545.
	\prod_{A_1}	pplication pending	F Name :	and address of princip	pal officer JA	NE GATES	3		H(a) Is th	is a group retui	n for affiliates	Yes	X No
			Same 1	As C Above						all affiliates inci		Yes	No
ī	Tax	x-exempt statu			(Insert no.)	4947	(a)(1) or ~	527	1 ""	o,' attach a list	(see instruct	ions)	_
J				EFELTHEATRE	E.ORG				H(c) Grou	ip exemption n	umber 🟲		
K	Туре	e of organization	X Corpor		Association	Other►	L	Year of Forma	ition 19	96 M s	State of legal	domicile KS	
P	art I	Summ		القر المانين		1				1			
				ganization's miss	sion or most :	significant act	ivities: P	RESERVE	AND	UTILIZE	HISTO	RIC THE	ATRE
ø				JLTURAL, AF									
ん くしぎ Governance													
⊈U≀ ⊎ ernand													
g v	2	Check this bo	ox ►	If the organization	on discontinu	ed its operati	ons or dispo	osed of mo	re than :	25% of its a	ssets		
⊣ જ	3			nbers of the gove				4		•	3		14
es >	4		-	nt voting member	_	erning body (H	art VI, line	16)	•		4		$\frac{14}{20}$
Puzin Activities	5			oyees (Part V, Iir teers (estimate if			•				5		30 26
_ ਨੂ ਮ	72			business revenu			olump (C)	• •			7a		$\frac{20}{0}$
Ż		-		s taxable income					•		7b		0.
J —	† 	<u> </u>				<u> </u>	 -		T	Prior Year		Current Ye	
Post of the contract of the co	8	Contributions	and oran	nts (Part VIII, line	- 1h)					251,2			940.
Revenue	9		_	nue (Part VIII, III	-	•				625,0			315.
	10			art VIII, column		l. and 7d) .					317.		238.
9 %	11			'III, column (A), I			d 11e) .			-12,2		36,	251.
	12	Total revenu	e – add li	ines 8 through 1	1 (must equa	l Part VIII, co	lumn (A), lir	ne 12)		866,8	368.	819,	744.
	13	Grants and s	ımılar am	ounts paid (Part	IX, column (A), lines 1-3)							
	14	Benefits paid	to or for	members (Part	IX, column (A	4), line 4) .			. [
Ø	15	Salaries, oth	er compe	nsation, employe		178,	923.	188	633.				
Expenses	16 a	6a Professional fundraising fees (Part IX, column (A), line 11e)											
ž.	· k	o Total fundrai	sına expe	enses (Part IX, co	olumn (D), 1ır	ne 25) ►		38,393.					
ú	17	Other	(Dan)	IV ==1:		116046			-	987,	333.	698	,931.
	18	Total expens	es. Add I	ines 13-17 (must es. Subtract line	egual Part I	X. column (A)). line 25)			1,166,			,564.
	19	Revenue les	s expense	es. Subtract line	18 from line	REC	CEIVE			-299,		-67	,820.
8	1							- 0	Be	ginning of `	rear	End of Ye	ar
sects or	20	Total assets	(Part X. I	line 16)		ố · FEB	മൊവി			3,229,		3,191	
Ž.	21	Total liabilitie				R FEB	23 2011	00)	. —	49,	717.	157	,973.
Ž,	22		-	lances. Subtract	line 21 from	line 20		<u>-</u>]≅[3,179,	320.	3,033	.711.
P	art II		ure Blo				DEN, L	 				<u> </u>	
			es of perium	y, I declare that I have te Declaration of prep	e examined this re	eturn, including a	ccompanying so	hedules and s	statements	and to the bes	t of my know	ledge and belief	, it is
		true, correct,	and comple	te Declaration of prep	parer (other than	officer) is based o	on all informatio	on of which pro	eparer has	any knowledge	100	Λ	
S	gn	$ \triangleright (\lambda a)$	10 (X)	ille						2/1	9/00	/()	
Н	ere	Signature	of officer	9					_	Date	' /		
		► JANE	GATES	5					Exe	cutive	Direc		
_		Type or	print name a	ind title									
_				2 0	01	1.04		Date		Check if self-	Prepai (see in	er's identifying istructions)	number
	aid	Preparer's	1/14	nda a. S	veltev (PH		2/17/	2010	employed •	· 🔲		
	re-	signature	Lİ1	NDA A. SUE	LTER		N/A					'	
	arer': se	Firm's name	(or Cli	ubine & Ret	ttele, C	nartered							
_	nly	yours if self- employed),	► <u>P</u> .0	O. Box 226	7					EIN ► N/A			
_		address, and ZIP + 4	Sal	lina, KS 6	7402-226	7				Phone no		<u> 25-5479</u>	
М	ay the	IRS discuss t	his return	with the prepare	er shown abo	ve? (see insti	ructions)			<u> </u>	[X Yes	No
В	AA Fo	or Privacy Act	and Pane	rwork Reduction	Act Notice	see the senai	rate instruct	ions.		TEE A0112	L 12/22/08	Form 99	0 (2008)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008) STIEFEL THEATRE FOR THE PERFORMING ARTS	31-1537194	Page 2
Part III Statement of Program Service Accomplishments (see instructions)		
1 Briefly describe the organization's mission:		
Coo Čahodulo O		
see schedule o		
		
2 Did the organization undertake any significant program services during the year which were not listed on t	the prior	_
Form 990 or 990-EZ?	Yes X	No
If 'Yes,' describe these new services on Schedule O		-
3 Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices? Yes X	No
If 'Yes,' describe these changes on Schedule O.		o
· · · · · · · · · · · · · · · · · · ·	h., 501/->/2	
4 Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocations to others, the total)
expenses, and revenue, if any, for each program service reported	and an end of the color	
4a (Code:) (Expenses \$ 724,695. including grants of \$) (Revenue \$ 678,	315.)
MAINTAIN AND OPERATE RENOVATED HISTORIC THEATRE AS A LOCATION 1	FOR PUBLIC EVENTS,	
MEETINGS, REUNIONS, RECEPTIONS, ETC. ALSO PROVIDE A SEASON OF	PROGRAMS INCLUDING	
ADDC MICTO TURANDE DOG		
ARIS, MUSIC, IHEAIRE, ETC.		
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
		- -
		-
4c (Code: ,) (Expenses \$	\ m \ \ \ \	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
		-
		- -
		- -
4d Other program services. (Describe in Schedule O.)		
(Expenses \$including grants of \$) (Revenue	\$	
4e Total program service expenses ► \$ 724, 695. (Must equal Part IX, Line 25, column		
TE TOTAL PROGRAM SERVICE EXPENSES P 9 127, 033. (WIUST Equal Part IX, Line 23, COlumn	(0)/	

	, and the second		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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	Х	
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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	ļ	X
17		17	ļ	X
18	, , , , , , , , , , , , , , , , , , ,	18	<u> </u>	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	ļ	X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	 	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, 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	-	<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24-		X
		24a	1 -	1^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	1	+-
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24d		-
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	240	 	
25	a 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	25 a	-	Х
ļ	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior 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]	Х
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		X
DA/	· · · · · · · · · · · · · · · · · · ·		000	(2008)

			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		_X
Ł	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		Х
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? <i>If 'Yes,' complete Schedule M</i>	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
BAA		Forn	1 990	(2008

Statements Regarding Other IRS Filings and Tax Compliance Yes Νo 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 18 1a Information Returns. Enter -0- if not applicable. 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1с X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 30 X 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X За this return?. 36 b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . 4a X **b** 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 Bank and Financial Accounts. 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . 5b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5с Prohibited Tax Shelter Transaction? X 6a 6a Did the organization solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6ь deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . 7g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have 8 excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a X a Did the organization make any taxable distributions under section 4966? X 9b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12 **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: 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year Form 990 (2008) BAA

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

Section A. Governing Body and Management

sec	tion A. Governing Body and Management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions		Yes	No
1 a	Enter the number of voting members of the governing body			
	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents	4		X
5	Since the prior Form 990 was filed?	5		Х
6	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?	6		<u>X</u>
	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		<u>X</u>
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	·····	<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: See Schedule 0			
E	The governing body?	8a	_X_	
	Each committee with authority to act on behalf of the governing body?.	8ь		<u>X</u>
9 a	Does the organization have local chapters, branches, or affiliates?	9a		X
ł	olf 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, 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 organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies			
			Yes	No
12	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
I	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	ļ !	Х
•	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe 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	<u></u>	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:			
	The organization's CEO, Executive Director, or top management official?	15a	Х	
	Other officers of key employees of the organization? See Schedule 0	15b		X
	Describe the process in Schedule O. (see instructions)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
,	of 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	tion C. Disclosures			
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 (501(c)(3)s only) available. Check all that apply.	ailable	for pu	blic
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polistatements available to the public. See Schedule O	cy, and	i finan	cıal
	State the name, physical address, and telephone number of the person who possesses the books and records of the orga ► JOANNE NEWMAN 151 S. SANTA FE SALINA KS 67401 (785) 827-1998	anızatı	on:	
		·		(2000)
BA/	· ·	LOU	1 220	(2008)

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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- 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) or 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.

(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average		tion (chec	k all t	hat app	_	Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	Officer Institutional trustee Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DOUG COMFORT							· · ·			
Director	1							0.	0.	0.
SUZANNE HOKETT										
Director	1							0.	0.	0.
JULIE KAUFFMAN										
Treasurer	2							0.	0.	0.
RICHARD MORRISON										
Chairman	2	1		ł	1			_0.	0.	0.
NORM YENKEY										
Director	1				1			0.	0.	0.
KATIE HOFFNER										
Director	1	ļ			ļ	ļ		0.	0.	0.
LANA JORDAN										
Secretary	2		1					0.	0.	<u> </u>
CRAIG KING										
Director	1		ļ			i		0.	0.	0.
JEFF LEACH										
Director	1 1					İ		0.	0.	0.
DR. JON RICHARDS										
Director	1 1					1		0.	0.	0.
MARY THOMPSON										
Director	1 1			1				0.	0.	0.
BRUCE WYATT										
Director	1				1			0.	0.	0.
MARK ZIMMERMAN			Π		П					_ _
Director	1				1			0.	0.	0.
KRISTIN GUNN										
Director	1 1			İ	l			0.	0.	0.
JANE GATES										
Executive Direc	40							60,228.	0.	2,352.
		<u> </u>	-	T	-		-			
	1							<u> </u>	L	L

<u>Far</u>	t viii Statement of Revenue	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
	*		function revenue	revenue	under sections 512, 513, or 514
· · ·	1a Federated campaigns . 1a				0.12/ 0.13/ 0.13/ 1
A SE	b Membership dues 1b				
A G	c Fundraising events 1c				
AP A	d Related organizations . 1d	1			
Š, G	e Government grants (contributions) 1 e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 104, 940.				
N S	g Noncash contribns included in Ins 1a-1f \$	104 040			
3	h Total. Add lines 1a-1f Business Code	104,940.		······································	
ENG	2a EVENTS FEES & SPONSORSHIP 711300	599,607.	599,607.		
REV	b FACILITIES RENTAL 900099	78,708.	78,708.		
JCE	C	70,700.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
8	d			-	
S W	e				
S _E	f All other program service revenue			_	
PR	g Total. Add lines 2a-2f	678,315.			
	3 Investment income (including dividends, interest and			-	
	other similar amounts)	238.			238.
	4 Income from investment of tax-exempt bond proceeds				
1	5 Royalties				ļ
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securitor (ii) Other				
	7 a Gross amount from sales of assets other than inventory				
	· · · · · · · · · · · · · · · · · · ·				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
UE	8a Gross income from fundraising events (not including. \$				
OTHER REVEN	of contributions reported on line 1c).				
2	See Part IV, line 18 . a				
품	b Less: direct expenses b				
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a 20, 987.	-			
	b Less: cost of goods sold b 12,801.	0.100	0 100		
	c Net Income or (loss) from sales of Inventory Miscellaneous Revenue Business Code	8,186.	8,186.		
		28,065.	28,065.	1	
		20,000.	20,000.	-	
	b				
	d All other revenue	 			
	e Total. Add lines 11a-11d	28,065.			
		25,7553.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,	819,744.	714,566.	0	. 238.

Page **10**

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) (A) Fundraising Management and Program service Do not include amounts reported on lines Total expenses general expenses expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22... Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 10,639. 5,632. 62,580. 46,309. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0. 0. n 3,711. 15,270. 93,868. 112,849. 7 Other salaries and wages. . Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. . . . 703. 13,204. 10,551. 1,950 Payroll taxes 11 Fees for services (non-employees) a Management . . . **b** Legal . 2,070. 1,096. 12,175. 9,009. c Accounting d Lobbying e Prof fundraising svcs. See Part IV, In 17 ... f Investment management fees g Other 62,582. 31,029. 3,774. 97,385 12 Advertising and promotion 986. 19,758. 1,863. 22,607. 13 Office expenses 164. 1,344. 309. 1,817. 14 Information technology..... Royalties 15 56,590 13,001. 6,883. 76,474. 16 Occupancy 4,336. 4,336. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,785. 1,785. Conferences, conventions, and meetings. . . 4. 32 7. 43. 20 Interest Payments to affiliates 15,231 8,063. 66,300. 89,594. 22 Depreciation, depletion, and amortization... 3,915. 2,897. 666. 352. 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.) 2,860. a EVENT EXPENSES 371,571 368,711. 643 340. 8,506. 7,523. **b** SUPPLIES 3,695. 3,695. c INVESTMENT FEES 43. 23. d DUES & SUBSCRIPTIONS 2,548. 2,482. 1,293. 1,293. e BAD DEBTS 107. 202 1,187. f All other expenses 878. 38,393. 724,695. 124,476. 887,564. 25 Total functional expenses Add lines 1 through 24f

BAA

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 educational campaign and fundraising solicitation

Form 990 (2008)

rati X	; Balance Sneet			(A) Beginning of year		(B) End of year				
1,	Cash - non-interest-bearing			36,876.	1	100,983.				
2	Savings and temporary cash investments .		[2					
3	Pledges and grants receivable, net				3					
4	Accounts receivable, net		[4,177.	4	13,424.				
5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule	s, trustee L	es, key employees,		5	_				
6	Receivables from other disqualified persons (as define	ed under	section 4958(f)(1))							
	and persons described in section 4958(c)(3)(B). Comp	lete Part	II of Schedule L		6					
A 7 8 8 T 9	Notes and loans receivable, net .		[7					
S 8	Inventories for sale or use		, . [8					
s 9	Prepaid expenses and deferred charges			5,148.	9	32,718.				
10:	Land, buildings, and equipment: cost basis	10 a	3,408,050.			· · · · · · · · · · · · · · · · · · ·				
	b Less: accumulated depreciation. Complete Part VI of									
	Schedule D	10 ь	569,976.	2,923,689.	10 c	2,838,074.				
11	Investments - publicly-traded securities	· · · ·		259,147.	13	206,485.				
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		·		15	·				
16	Total assets. Add lines 1 through 15 (must equal line	34)		3,229,037.	16	3,191,684.				
17	Accounts payable and accrued expenses .	,	<u>'</u> .	38,111.	17	24,951.				
18	Grants payable		,	00/1111	18					
19	Deferred revenue	11 505 12								
L 20										
• •	·	. D	•		21					
A 21	Escrow account liability. Complete Part IV of Scheduli		v emplevees							
i 22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per of Schedule L	rsons. Co	omplete Part II		22					
E 23			,	23						
		iii u pai iii			24	·				
24			• •		25					
25	, , , , , , , , , , , , , , , , , , ,	•		49,717.	26	157,973.				
26		V	complete lines	45,111.	20	131,313				
Ĕ	Organizations that follow SFAS 117, check here ►	A and	complete lines							
۔۔ ا	27 through 29 and lines 33 and 34.			3,126,225.	27	3,006,984.				
\$ 27		•	•	53,120,225.	28	26,627				
	Temporarily restricted net assets.		• • •	33,093.	29	100				
~	·				29	100				
Ř	Organizations that do not follow SFAS 117, check he	re 🟲	and complete		1					
[i B 30	lines 30 through 34.				₂₀					
					30					
B 31				<u> </u>	31					
k 32	<i>,</i>	, or other	r funds	2 170 202	32	2 022 711				
X 32 N 33 E 34	Total net assets or fund balances.			3,179,320.	33	3,033,711.				
			·	3,229,037.	34	3,191,684				
Part :	KI Financial Statements and Reporting					124 1 11				
				1 -		Yes No				
		Cash	X Accrual	Other						
	/ere the organization's financial statements compiled or			accountant?		2a X				
	/ere the organization's financial statements audited by a					2b X				
	'Yes' to 2a or 2b, does the organization have a commit	tee that a	assumes responsibilit	y for oversight of the au	ıdıt,	. 2c				
c If	to La or La y account of garingation that a			iniani/						
re 3a A	eview, or compilation of its financial statements and sele is a result of a federal award, was the organization requ	ection of a ired to ur	ndergo an audit or au		Single	,,				
a A A	eview, or compilation of its financial statements and sele	ection of a ired to ur	ndergo an audit or au		Single	3a X				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

STIEFEL THEATRE FOR THE PERFORMING ARTS

Employer identification number 31-1537194

	DATION						31-15				
Part I Reason for Pul	blic Charity Statu	s (All organizations	must o	comple	ete this	part.) (see	ınstruc	tions)		
The organization is not a priv											
1 A church, convention	on of churches or asso	ciation of churches descr	ribed in s	section	170(b)(1	χΑχi).					
2 A school described	in section 170(b)(1)(A	(ii). (Attach Schedule E.	.)								
3 A hospital or coope	rative hospital service	organization described in	n section	170(b)	(1)(A)(iii)). (Atta	ch Sched	dule H)			
4 A medical research	organization operated	i in conjunction with a ho	spital de	scribed	ın secti	on 170(l	<mark></mark> ΣΙΧΑΧ ί	iii) . Ente	r the hospi	tal's	
name, city, and sta	te:		_							-	
☐ 170(b)(1)(A)(iv). (C)	omplete Part II.)	of a college or university					mental u	ınıt desc	ribed in se i	ction	
7 An organization tha	local government or g t normally receives a : (A)(vi). (Complete Pa	overnmental unit describ substantial part of its sup rt II.)	ed in se port fron	n a gove	o(b)(1)(A ernment	()(v). al unit d	or from t	he gener	ral public d	escrib	ed
I I		70(b)(1)(A)(vi). (Complete	Part II.))							
from activities related investment income	ed to its exempt functi	l) more than 33-1/3 % of ons — subject to certain as taxable income (less s implete Part III.)	exceptio	ns. and	(2) no n	nore tha	an 33-1/3	3 % of its	s support fr	om ar	oss
10 An organization org	janized and operated	exclusively to test for pub	olic safet	y.See s	section 5	509(a)(4). (see ı	nstructio	ns)		
more publicly suppo	orted organizations de	exclusively for the benefit escribed in section 509(a) ation and complete lines)(1) or se	ection 50	J9(a)(2).	tions of, See s e	or carry ection 50	out the 19(a)(3).	purposes Check the	of one box th	or nat
a Type I	b Type II	c 🗌 Type III	- Func	tionally	ıntegrate	ed		d	Type III	Other	
e By checking this bo than foundation ma 509(a)(2).	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section										
` ' ' '	received a written dete	ermination from the IRS t	hat is a	Гуре I, [.]	Type II o	or Type	III suppo	orting or	ganızatıon,		. 🗆
g Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	tion fror	n any of	the foll	lowing p	ersons?			
										Yes	No
below, the go	verning body of the su	ontrols, either alone or to apported organization?	ogether v	with per	sons de: ·	scribed	ın (ıı) an	ıd (III)	11 g (i)		
(ii) a famıly mem	ber of a person desc	ribed in (i) above?					•	•	11 g (ii)	<u> </u>	
(iii) a 35% contro	lled entity of a person	described in (i) or (ii) abo	ove? .		•	•			. 11 g (ui)		L
h Provide the following	ng information about the	ne organizations the orga	nization	suppor	ts.					_	
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	s the ion in col I in your rning nent?	the organ	ou notify ization in (i) of ipport?	(vi) la organizati (i) organiz U S	s the ion in col zed in the 3 ?	(vii) Amour	nt of Sup	port
			Yes	No_	Yes	No	Yes	No	<u> </u>		
					!	! 	:				
			 						-		
			ļ	<u> </u>	ļ						
Total				 		 					

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 Schedule A (Form 990 or 990-EZ) 2008

b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the

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

	tion A. Public Support				_ 		
	ndàr year (or fiscal yr beginning in)≻	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	141,723.	133,959.	183,163.	251,257.	104,940.	815,042.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are	271,356.	329,579.	304,117.	625,070.	720,651.	2,250,773.
	not an unrelated trade or business under section 513	·					0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						0.
6	Total. Add lines 1-5	413,079.	463,538.	487,280.	876,327.	825,591.	3,065,815.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	23,937.	9,017.	55,169.	98,963.	51,229.	238,315.
ŀ	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.	36,000.	48,500.	55,018.	0.	120,500.	260,018.
					98,963.	171,729.	
	Add lines 7a and 7b	59,937.	57,517.	110,187.	98,963.	1/1,/29.	498,333.
8	Public support (Subtract line						
	7c from line 6.)						2,567,482.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	413,079.	463,538.	487,280.	876,327.	825,591.	3,065,815.
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	654.	1,490.	2,709.	2,817.	238.	7,908.
ı	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	034.	1,430.				0.
(C Add lines 10a and 10b						
11	- / 122 100 / 02 4/14 / 00 / /	654.	1,490.	2,709.	2,817.	238.	7,908.
		654.	1,490.	2,709.	2,817.	238.	7,908.
12	Net income from unrelated business activities not included inline 10b, whether or not the business is	654.	1,490.	2,709.	2,817.	238.	7,908. 0.
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	654.	1,490.	2,709.	2,817.	238.	7,908. 0.
13	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						7,908. 0. 0. 3,073,723.
13 14	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	s for the organiza stop here	tion's first, second				7,908. 0. 0. 3,073,723.
13 14 Sec	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and ction C. Computation of Pu	s for the organiza stop here . iblic Support I	tion's first, second	l, third, fourth, oi		a section 501(c)(3	7,908. 0. 0. 3,073,723.
13 14 Sec	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and ction C. Computation of Pu	s for the organiza stop here . iblic Support I 08 (line 8, column	tion's first, second Percentage (f) divided by line	i, third, fourth, or		a section 501(c)(3	7,908. 0. 3,073,723. 83.5%
13 14 Sec 15	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	s for the organizar stop here iblic Support I 08 (line 8, column 2007 Schedule A,	tion's first, second Percentage (f) divided by line Part IV-A, line 27	, third, fourth, or		a section 501(c)(3	7,908. 0. 0. 3,073,723.
13 14 Sec 15 16 Sec	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and ction C. Computation of Pupublic support percentage from ction D. Computation of In	s for the organizarstop here. Iblic Support I 08 (line 8, column 2007 Schedule A, vestment Inco	tion's first, second Percentage (f) divided by line Part IV-A, line 27c me Percentag	1, third, fourth, or	r fifth tax year as a	a section 501(c)(3	7,908. 0. 3,073,723. 83.5% 61.2%
13 14 Sec 15 16 Sec	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	s for the organizar stop here. Iblic Support I 08 (line 8, column 2007 Schedule A, vestment Inco	tion's first, second Percentage (f) divided by line Part IV-A, line 27g me Percentage column (f) divided	I, third, fourth, or in the column (f) in the column (f) e	r fifth tax year as a	a section 501(c)(3	7,908. 0. 3,073,723. 83.5% 61.2%
13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	s for the organizar stop here. Iblic Support I 08 (line 8, column 2007 Schedule A, vestment Inco or 2008 (line 10c, or	tion's first, second Percentage (f) divided by line Part IV-A, line 27g me Percentage column (f) divided e A, Part IV-A, line	I, third, fourth, or 13, column (f)) e by line 13, colume 27h	r fifth tax year as a	a section 501(c)(3	7,908. 0. 0. 3,073,723. 1. 83.5 % 61.2 % 0.3 % 0.2 %
13 14 Sec 15 16 Sec 17 18 19	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	s for the organizar stop here. Iblic Support I 08 (line 8, column 2007 Schedule A, vestment Inco or 2008 (line 10c, or rom 2007 Schedule de organization did ox and stop here.	tion's first, second Percentage (f) divided by line Part IV-A, line 27g me Percentage column (f) divided e A, Part IV-A, line I not check the boom The organization	I, third, fourth, or	r fifth tax year as a	a section 501(c)(3	7,908. 0. 0. 3,073,723.
13 14 Sec 15 16 Sec 17 18 19	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	s for the organizatop here. Iblic Support I 08 (line 8, column 2007 Schedule A, vestment Inco or 2008 (line 10c, or 2007 Schedule die organization die organization die organization die organization die this box and stop	tion's first, second Percentage (f) divided by line Part IV-A, line 27c me Percentage column (f) divided e A, Part IV-A, line I not check the box The organization I not check a box o here. The organiz	l, third, fourth, or 13, column (f)) e by line 13, column e 27h	Inn (f)) I line 15 is more the olicly supported or and line 16 is more than any supported or any supported o	a section 501(c)(3	7,908. 0. 0. 3,073,723.

Scriedule A	(Form 9	190 or 99	<u> </u>	2008		1EFE	<u>.ட Ti</u>	ILAT	KE I	UK	THE_	PERF	OKMI	NG A	<u> </u>	<u> </u>	-153	1194		Page	4
Part IV	. Supp! ∙Part II	ement , line	al Inf 17a o	orma r 17b	ation.	. Con Part I	nplete II, lir	e this	s par	t to povide	orovio	de the	exp addi	lanatı tıonal	on re info	quire rmati	d by on. (s	Part see in	II, line structi	10; ons)	_
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TEEA0404L 10/07/08

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Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number 31-1537194 STIEFEL THEATRE FOR THE PERFORMING ARTS Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year. 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day Held at the End of the Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements . 2b c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 ... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X...

		FOR THE PERI		31-153	
Part III Organizations Maintai	ning Collecti	ons of Art, Hist	orical Treasures, c	r Other Similar As	sets (continued)
3 Using the organization's accession that apply):	and other record	_	-	nificant use of its collec	tion items (check all
a Public exhibition		<u> </u>	or exchange programs		
b Scholarly research		e Other			
c Preservation for future genera 4 Provide a description of the organ		no and aunious bou	that further the exacts	ration's evennt number	ın
Part XIV.		·			
5 During the year, did the organizate assets to be sold to raise funds ra					Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arran an amount or	gements Comp 1 Form 990, Par	lete if organization t X, line 21.	answered 'Yes' to	Form 990, Part
1 a Is the organization an agent, trust included on Form 990, Part X?	•		•	er assets not 	Yes No
b If 'Yes,' explain the arrangement in	n Part XIV and c	omplete the following	ng table:	r	
				 - 	Amount
c Beginning balance				1c	
d Additions during the year		• •		1d	
e Distributions during the year				. <u>1e</u>	
f Ending balance ,		•		1f	<u> — — — — — — — — — — — — — — — — — — —</u>
2a Did the organization include an ar	ı	90, Part X, line 21?		•	∐ Yes
b If 'Yes,' explain the arrangement	ın Part XIV.		157 11 5	200 D-+ IV/ E 1/	
Part V Endowment Funds Co				II	
_	(a) Current year		r (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance	10	00.			
b Contributions					
c Investment earnings or losses					
d Grants or scholarships .					<u></u>
e Other expenditures for facilities and programs					<u> </u>
f Administrative expenses					
g End of year balance		00.			_ <u>I</u>
Provide the estimated percentage		balance held as:			
a Board designated or quasi-endow	ment ►	%			
b Permanent endowment ►					
c Term endowment ►	 %				
3a Are there endowment funds not in organization by:	n the possession	of the organization	that are held and admir	nistered for the	Yes No
(i) unrelated organizations .					3a(i) X
(ii) related organizations					3a(ii) X
b If 'Yes' to 3a(ıı), are the related o					. 3b X
4 Describe in Part XIV the intended	l uses of the orga	anization's endowmi	ent funds. See Part	XIV	
Part VI Investments-Land, B	uildings, and	l Equipment. Se		X, line 10.	
Description of investment	(a)	Cost or other basis (investment)	basis (other)	(c) Depreciation	(d) Book Value
1a Land	. [25,000.		25,000.
b Buildings			3,314,211.	533,167.	2,781,044.
c Leasehold improvements	[
d Equipment			68,839.	36,809.	32,030.
e Other					
Total. Add lines 1a-1e (Column (d) sho	ould equal Form	990, Part X, column	(B), line 10(c))		2,838,074.
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Schedule D (Form 990) 2008 STIEFEL THEATRE FO			31-1537194	Page 3
Part VII Investments—Other Securities See Fo				
(a) Description of security or category (including name of security)	(b) Book value	Cost o	c) Method of valuation or end-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
				-
				- <u>-</u> -
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12)				
Part VIII Investments—Program Related (See	Form 990 Part X	line 13) N/F	1	••
(a) Description of investment type	(b) Book value		c) Method of valuation	-
(a) Description of investment type	(b) Dook value	Cost	or end-of-year market value	
				`
		 		
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)				
Part IX Other Assets (See Form 990, Part X,	line 15) N/F	<u> </u>		
	escription	<u>•</u>	(b) Boo	ok value
(4)	SCHOUT		(.,,	
				1
				 _
		_		<u></u>
	. (D) 1 15)			
Total. Column (b) Total (should equal Form 990, Part X, co		· · · · · · · · · · · · · · · · · · ·	, . ►	
Part X Other Liabilities (See Form 990, Part				
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
		ł .		
Total, Column (b) Total (should equal Form 990. Part X. col. (B) line 25)	•			
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) In Part XIV, provide the text of the footnote to the organiza		ents that reports the o	rganization's liability for uncer	taın tax

Sche	dule D (Form 990) 2008 STIEFEL THEATRE FOR THE PERFORMING ARTS 31-3	L537194 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	,
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1.	
4	Net unrealized gains (losses) on investments	,
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
_10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
ŀ	Donated services and use of facilities	
C	Recoveries of prior year grants]
•	Other (Describe in Part XIV)	
6	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:]
ā	Investments expenses not included on Form 990, Part VIII, line 7b	
ŀ	Other (Describe in Part XIV)	
•	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retur	n N/A
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
	a Donated services and use of facilities	
I	Prior year adjustments	
(Losses reported on Form 990, Part IX, line 25	
	d Other (Describe in Part XIV)	
•	e Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	a Investments expenses not included on Form 990, Part VIII, line 7b	
ı	b Other (Describe in Part XIV) 4b	
	CAdd lines 4a and 4b	4c
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5
Pa	rt XIV Supplemental Information	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part V, Line 4 - Intended Uses Of Endowment Eund	
	<u>TO GENERATE AN ANNUAL INCOME FOR USE IN OPERATIONS</u>	
- -		
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Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	
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Schedule **D** (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

o Form 990. To be completed by organizations to provide

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection
Employer Identification number

Name of the organization STIEFEL THEATRE FOR THE PERFORMING ARTS FOUNDATION	Employer Identification number 31-1537194
Form 990, Part III, Line 1 - Organization Mission	
THE MISSION OF THE STIEFEL THEATRE FOR THE PERFORMING ARTS IS T	O PROVIDE QUALITY
EXPERIENCES THAT ENRICH, EDUCATE AND ENTERTAIN. THE PROGRAMMIN	NG GOAL OF THE THEATRE
IS TO PRESENT BROAD BASE QUALITY SHOWS FROM A WIDE VARIETY OF C	GENRES INCLUDING:
CLASSICAL, BLUES, ROCK, COMEDY, COUNTRY, DANCE, JAM, ALTERNATIV	/E,_ETC.,_THAT_APPEAL
TO A LARGE DEMOGRAPHIC. THE STIEFEL THEATRE ALSO PROVIDES ENTE	ERTAINMENT FOR YOUNG
AUDIENCES AND FREE LECTURE/DEMOS WHENEVER POSSIBLE. IN ADDITIO	ON TO ITS OWN
PROGRAMMING, THE THEATRE IS AVAILABLE FOR USE BY COMMUNITY GROU	JPS FOR THEIR EVENTS,
AND_IS_HOME_OF_THE_SALINA_SYMPHONY	
Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of	Meetings
MINUTES ARE KEPT FOR THE BOARD OF DIRECTOR MEETINGS BUT NOT TH	E COMMITTEE MEETINGS.
Form 990, Part VI, Line 10 - Form 990 Review Process	
THE PREPARER OF THE RETURN SENDS A COPY OF THE FORM 990 TO THE	STIEFEL'S ACCOUNTANT
WHO REVIEWS THE FORM PRIOR TO ITS FILING.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Employees
THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE PERFORMANCE OF THE	EXECUTIVE DIRECTOR
AND SETS THE ANNUAL SALARY.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
INFORMATION IS AVAILABLE UPON REQUEST.	

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (oblete Part II unless you have already been granted an automatic 3-month extension on a page of the part II unless is a substantial or a page of the part II unless is a substantial or a page of the part II unless is a substantial or a page of the part II unless is a substantial or a page of the	on page 2 o	f this fo	orm)
	Automatic 3-Month Extension of Time. Only submit original (no copies need			
A corporation Part I only .	on required to file Form 990-T and requesting an automatic 6-month extension—check	this box ar	nd com _l	olete ► □
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form and trust use Form and trust must be an additional trust must be added to the Form and trust must be	7004 to requ	uest an	extension of
one of the relectronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howery if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed an ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file f	ver, you car s 990-BL, 60 d signed pa	nnot file 069, or ge 2 (Pa	8870, group art II) of Form
Type or	Name of Exempt Organization	Employer id	dentifica	tion number
print	STIEFEL THEATRE FOR THE PERFORMING ARTS FOUNDATION	31-1537	7194	
File by the due date for filing your	Number, street, and room or suite no. If a PO box, see instructions. P.O. BOX 1871			
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions SALINA, KS 67401			
Check type	of return to be filed (file a separate application for each return):			
X Form 99	0		Form 4	720
☐ Form 99	0-BL		Form 5	227
☐ Form 99	0-EZ		Form 6	069
☐ Form 99	0-PF		Form 8	870
Telephone If the orga If this is for the whole	s are in the care of ► STIEFEL THEATRE FOR THE PERFORMING AF No. ► 785-827-1998 FAX No ► anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) the group, check this box ► □ . If it is for part of the group, check this box	box	 l	f this is
until _ for the ► □	lest an automatic 3-month (6 months for a corporation required to file For $2/15$, 2010 , to file the exempt organization return for the organization organization's return for: calendar year 20 or tax year beginning $7/1$, 2008 , and ending			
2 If this	tax year is for less than 12 months, check reason: Initial return Final return [☐ Change i	in acco	unting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax nonrefundable credits. See instructions.	ζ, 3 a_	\$	0
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated taints made. Include any prior year overpayment allowed as a credit.	x 3b	\$	0
depos Systen	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymenn). See instructions.	nt 3c	\$	0.00
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84	53-EO and	Form 8	379-EO
for payment	instructions.			

Page	2
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	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part			
	complete Part II if you have already been granted an automatic 3-month extension on a	previously file	d Form 8	868.
	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original			
Type or	Name of Exempt Organization			ation number
print	STIEFEL THEATRE FOR THE PERFORMING ARTS FOUNDATION		37194	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS	ise only	
extended due date for	P.O. BOX 1871			
filing the return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
instructions.	SALINA, KS 67401			
Check ty	pe of return to be filed (File a separate application for each return):			
	990	Α [☐ Form 6	6069
Form	990-BL	[] Form ₹	8870
☐ Form	990-EZ Form 990-T (trust other than above) Form 5227			
STOP! Do	not complete Part II if you were not already granted an automatic 3-month extension	n on a previ	ously file	d Form 8868.
	ks are in the care of STIEFEL THEATRE FOR THE PERFORMING			
	ne No. ► 785-827-1998 FAX No. ►		-	
•	ganization does not have an office or place of business in the United States, check t	hie hov	• •	▶ 🗆
	for a Group Return, enter the organization's four digit Group Exemption Number (GI			
for the w	hole group, check this box $\dots \mapsto \square$. If it is for part of the group, check this b	OX -	☐ and	n uns is attach a
	ne names and EINs of all members the extension is for.	OA		andon a
4 1	MAY 15	2010		
4 I red	puest an additional 3-month extension of time until MAY 15 calendar year , or other tax year beginning 7/1 , 2008 , and e	, 20,50.	6/30	20.09
5 For	calendar year , or other tax year beginning //1 , 2000 , and e	naing	0/30	, 20 0 3
6 It th	is tax year is for less than 12 months, check reason: 🗀 Initial return 🗀 Final retu	rn 🗀 Chang	ge in acco	ounting period
	e in detail why you need the extension THE PRIOR YEAR 990 WAS PREPARED BY ANO			
	DUNTANT HAS EXPERIENCED DIFFICULTIES RECONCILING THE BOOKS TO THE PREVIOU			
BEG	NNING BALANCES FOR THE CURRENT YEAR AS THE PREVIOUS ACCOUNTANT DID NOT I	ROVIDE THE	AUDIT A	DJUSTMENTS
TO	OST TO THE BOOKS. IT IS ALSO TAKING MORE TIME TO COMPLETE THE REVISED E	ORM 990 FO	3 THE FI	RST TIME.
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative	tax,	_	
	any nonrefundable credits. See instructions.		8a \$	
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits	and		
	mated tax payments made. Include any prior year overpayment allowed as a credit an	d any 🕝		
amo	unt paid previously with Form 8868.		8b \$	
c Bala	nce Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, di	eposit		
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instruc	tions	8c \$	0.00
	Signature and Verification			
Under pena	Ities of perjury, I declare that I have examined this form, including accompanying schedules and statements,	and to the best	of my know	vledge and belief,
it is true, co	rrect, and complete, and that I am authorized to prepare this form			
			,	-10
Signature I	inda a. Suelter Title CPA	Date	×2/1	2/2010
2.3				68 (Rev 4-2009)
			roin oo	CO (1101 4-2005)