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CHANGE OF ACCOUNTING PERIOD

# 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)

Open to Public

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

		7227 1 0010	TTTT 30 0010	
<u>A</u>	or the	2009 calendar year, or tax year beginning JAN 1, 2010 and ending		
В	Check if applicable	Please use IRS	D Employer identific	cation number
	Addres change	label or THE CULTURE HOUSE, INC.		
	Name change	type Doing Business As	43-1	739762
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/st	ite E Telephone number	
	Termin- ated	Specific 14808 W. 117TH STREET	(913	) 393-3141
Ē	Amende		G Gross receipts \$	502,253.
Ē	Applica		H(a) Is this a group re	
-	tion pending		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
	Tourous			
_		mpt status LX 501(c) ( 3) ◀ (insert no.)		list (see instructions)
			H(c) Group exemption ar of formation: 1996 M	
			ear of formation: 1996 N	State of legal domicile: K.S.
_ F		Summary		OMIT D C
e	1 5	Briefly describe the organization's mission or most significant activities PRODUCE		
ä	<u> </u>	DISCUSSION GROUPS, CLASSES AND PERFORMANCES		
Governance	2	Check this box   If the organization discontinued its operations or disposed of m	ore than 25% of its net as	•
Š	1 8	lumber of voting members of the governing body (Part VI, line 1a)	3	8
	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)	4	6
es	5	otal number of employees (Part V, line 2a)	5	77
둫	6	otal number of volunteers (estimate if necessary)	6	350
Activities &	7a ∃	otal gross unrelated business revenue from Part VIII, column (C), line 12	7a	165.
_	1 d	let unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
a)	8 (	Contributions and grants (Part VIII, line 1h)	260,186.	163,141.
Ž	9 F	Program service revenue (Part VIII, line 2g)	747,354.	310,613.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		
ď	11 (	Other revenue (Par FICE Tumh Dines 5, 6d, 8c, 9c, 10c, and 11e)	42,292.	8,677.
		otal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,049,832.	482,431.
		Grants an similar ( ) hourts saig ( ) Art IX, Summ (A), lines 13)	25,977.	10,203.
	14	Benefits paid to or for members (Part IX column (A), line 4)		10,200.
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	518,706.	209,482.
ses	16 - [		310,700.	207,402.
Expenses	loar	Professional fundraising fees Part (X) column (A), line 11e)		
Ä	'   _ D	otal fundraising expenses (Part IX, column (D), line 25)  27,032.	505,624.	266 220
	" '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		266,330.
	1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,050,307.	486,015.
	19	Revenue less expenses Subtract line 18 from line 12	<475.	
Net Assets or	3		Beginning of Current Year	End of Year
SSel	20	otal assets (Part X, line 16)	1,718,275.	1,693,511.
¥ E	21	otal liabilities (Part X, line 26)	1,376,419.	1,355,239.
Ž	22 1	Net assets or fund balances Subtract line 21 from line 20	341,856.	338,272.
P	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled dge	ge and belief, it is true correct,
$\equiv$				
<u></u>	an	A AN COL		
"Щę		Signature of officer	Date	
(S)	-	KIPTON BLUE, CHAIRMAN OF THE BOARD		
		Type or print name and title		
ي		Preparer's Date		er's identifying number structions)
Pai		signature GREGORY D. OWENS 1	self- employed <b>&gt;</b> [] (see in	structions)
(P)	parer's	Firm's name (or KEILLER & OWENS LICE)	EIN ►	
125	e Only	yours if self-employed), 10955 LOWELL AVE. STE 800	LIN P	
Z	e Only	address, and ZIP + 4 OVERLAND PARK, KS 66210	Dhono no 🕨 /	913) 338-3500
	 		FROITE IIO.	
(V)	ly the IF 001 02-04	S discuss this return with the preparer shown above? (see instructions)		
932	001 02-04	⊩10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form <b>990</b> (2009)

	990 (2009)	THE CULTURE HOUSE		<u>43-173</u>	39762 Page
Par	t III Statement of	Program Service Accomplis	shments		
1	Briefly describe the orga	nization's mission			<u> </u>
	•	ARTISTIC CREATIVI	TY FOR PERSONAL G	ROWTH AND A POS	SITIVE
	CULTURAL DIR				
	COLICIAL DIA				
		<del></del>		····	
2	Did the organization und	ertake any significant program servi	ces during the year which were not	t listed on	<del></del>
_	the prior Form 990 or 99		ocs during the year which were not	t lioted on	Yes X No
	•	new services on Schedule O			
3		se conducting, or make significant c	hanges in how it conducts, any are	oaram canuage?	Yes X No
3	-		nanges in now it conducts, any pre	ogram services /	TesN
4	If "Yes," describe these	_	organization's three largest program	m aanuaaa hu aynansaa	
4		rpose achievements for each of the			
		11(c)(4) organizations and section 49			
	allocations to others, the	e total expenses, and revenue, if any	, for each program service reported	0	
		)(Expenses \$- 395,221 SHOPS, LECTURES, D		0,203.)(Revenue\$	338,347.
	PERFORMANCES		ORKS IN THE AREAS		MING AND
			TECHNIQUES, INSPI		
	NEW TALENT.	TO TEACH PERCUEIC	THOMATOURS, INSPI.	KE EXCEPTENCE!	THEOUTAGE
	MEW INDENT.			<del></del>	
				<del></del>	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
40	Code	) (Expenses \$	including grants of \$	) (nevenue \$	
				<del></del>	
				<del></del>	
	<del></del>				
	<del></del>		·	<del></del>	
	<del></del>			<del></del>	
	·				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
	<del></del>				· · · · ·
	<del></del>				
					<del></del>
				<del></del>	
				<del></del>	<del></del>
4d	Other program services	(Describe in Schedule O )	<del></del>		
+u	(Expenses \$	including grants of \$	) (Revenue \$	1	
4e			221.		
	. 1441 51 051 4111 001 4100		<del></del>		Form <b>990</b> (200
93200	2				1 01111 000 (200

Form 990 (2009) THE CULTURE HOUSE, INC. 43-1739762 Page 3
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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 similar funds or 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		<u>X</u>
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	:		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ï
	Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
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		X
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ــــــــــــــــــــــــــــــــــــــ	X
		Form	<b>990</b> (	2009)

Form 990 (2009) THE CULTURE HOUSE, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 of grants and other assistance to individuals in the United States on Part IX,	1		
	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, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a_		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b_		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	.Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	_	X
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	_	X
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		X
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	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	<b>990</b> (	2009)

Form	990 (2009) THE CULTURE HOUSE, INC. t V Statements Regarding Other IRS Filings and Tax Compliance	43-1739	762	Р	age 5
				Yes	No
13	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1		163	140
10	U.S. Information Returns. Enter -0- if not applicable	1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
-	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
C	(gambling) winnings to prize winners?	eportable garring	10	х	
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1c		<del>                                     </del>
Zd	filed for the calendar year ending with or within the year covered by this return	<sub>2a</sub>   77			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
b			20	-12	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	·	2-		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to "Noo" have tilled a Form 200 T for this user? If "Noo" have tilled a Form 200 T for this user? If "Noo" have tilled a Form 200 T for this user?	ed by this return?	3a		^
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	a. Albandu a	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			-X-
	financial account in a foreign country (such as a bank account, securities account, or other financial	account) /	4a		A
D-	If "Yes," enter the name of the foreign country   See the material for several for several for Ferri TD F 00 00 1. Beauty of Ferri	Danis and			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	вапк апо			•
	Financial Accounts		_ ـ		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-10	5a	<del> </del>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transation.		5b	<u> </u>	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders Control of the Proposition of the Pro	arding Pronibited	_		
_	Tax Shelter Transaction?		<u>5c</u>		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit	_		- v
	any contributions that were not tax deductible?		6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions or gifts	۱		
_	were not tax deductible?		6b_	ļ	├
7	Organizations that may receive deductible contributions under section 170(c).		Ì	Ì	}
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	l _		1 37
_	provided to the payor?		7a_		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<u>7</u> b		<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		٦,
	to file Form 8282?	1 1	7c_	<del> </del>	X
	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 place of the contract o	personal	_	ļ	\ <b>.</b>
	benefit contract?	.0	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	<del>                                     </del>	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		<u>7g</u>	<del> </del>	+
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-6		7h	<del> </del>	<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	•			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed a second organization and the second organization are second organization and the second organization are second organization and the second organization are second organization and the second organization an	ess business notatings		1	ì
_	at any time during the year?		8	+	┼
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 49662			]	
a	Did the organization make any taxable distributions under section 4966?		9a		+
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	<del> </del>	┼
10	Section 501(c)(7) organizations. Enter	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter	اعدا			
a	Gross income from members or shareholders	11a	{		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b	ł		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	+	<del> </del>
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	1 1 <b>990</b>	/0000
			FOID	⊤ッサリ	12009

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

Sec	tion A. Governing Body and Management					
		1	I		Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>		_8		
b	Enter the number of voting members that are independent	_1b_	L	_6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	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	e dire	ct 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 Fo	orm 99	0 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		5		X
6	Does the organization have members or stockholders?			6_		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the			
	governing body?			. <u>7a</u>		-X-
– b-	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b	-	_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year			
	by the following					
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		_X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	l	<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code )			
				F	Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling th	ne form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	. , , , ,			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e rise			
	to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, '	describe			
40	In Schedule O how this is done			12c	X	32
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
15	Did the process for determining compensation of the following persons include a review and approv	•	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			v
	taxable entity during the year?			16a	-	<u> </u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva		• •			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janizai	ion s	401		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T /501	(a)(3)s aphi) avail	lable for		
18	public inspection. Indicate how you make these available. Check all that apply	1 (301	(C)(O)S Offiy) avail	Iable IOI		
	Own website Another's website X Upon request					
10		oord	t of interest natio	nu and 6	noial	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or statements available to the public	JOHING	r or interest polic	y, and nha	uiciai	
20	statements available to the public	nd	orde of the are-	nizotion •		
20	State the name, physical address, and telephone number of the person who possesses the books a <b>JEREMIAH ENNA</b> – (913)393-3141	inu red	orus or the orga	mization		
	14808 W. 117TH STREET, OLATHE, KS 66062					
	11000 W. IIIII DINBEI, ODAINE, KO 0000Z		···	Form	990	(2009)
				I UTIL	550	(2003)

932006 02-04-10

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(Ē)	-		(0				(D)	(E)	(F)
Name and Title	Average hours				Position all that apply)		lνΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per week			aii				from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	` /	organization and related organizations
JEREMIAH ENNA					-					
EXECUTIVE DIRECTOR	60.00	X		X		_		56,050.	0.	5,399.
MONA STORLING-ENNA									_	_
DIRECTOR	15.00	X.		ļ	<u> </u>	ļ		21,150.	0.	0.
KIPTON BLUE	60.00	,,		١,,					0	
CHAIRMAN RICK GIBSON	60.00	X		Х	_			0.	0.	0.
DIRECTOR	2.00	v						0.	0.	0.
RICK ENNA	2.00	^			-			0.		
DIRECTOR	2.00	x						0.	0.	0.
CHRIS BOYD	2.00						_			
DIRECTOR	2.00	X						0.	0.	0.
JOHN COWAN										
DIRECTOR	2.00	Х	L_					0.	0.	0.
MARK CALHOUN			]							
DIRECTOR	2.00	X	_		_			0.	0.	0.
			_	_						
						-				
		-	-		-	-				

Form **990** (2009)

Yes   No	Part VII   Section A. Officers, Directors, Tr	, Directors, Trustees, Key Employees, and Highes				e <u>st</u>	t Compensated Employees (continued)							
Pour services   Pour servic	(A)	1							(D)			(F)		
Post	Name and title	1 - 1								-				
week   1		1	(cl	heck	all	that	app	ly)	1	•	ו			
1b Total			ector								,			
1b Total		Week	or dir	92			ated			_				
1b Total			ustee	truste		g.	pens			(11 21 1000 11110	-/			_
1b Total			ual tr	tronal		l ge	e g				l			
1b Total			Individu	nstr	Officer	ey er	dg m	Forme				orga	ınızatı	ions
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No			┢	ļ	_						-+	-		
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No					•									
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No		<del>                                     </del>	$\vdash$			-	<del> </del>				$\dashv$			
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No				Ì	}			İ			Ī			
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No		<u> </u>		<u> </u>										
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No	<u> </u>		-	-	-	-	-	-			į.			
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No														
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No		ļ	<u> </u>	<u> </u>		_	L							
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No														
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No		<b>_</b>	<u> </u>	<u> </u>	<u> </u>		<u> </u>							
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No														
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No		<del></del>	╂	<del>  -</del>			├-	ļ <u>.</u>						
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No											1			
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No		<del> </del>	╁╌			-	<del> </del> -	-						
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No											ţ			
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No			1	<u> </u>		<u> </u>								
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No														
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No														
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No			<u></u>				<u></u> _	L						
compensation from the organization      Ves   No							<u> </u>		·	L			<u>5,3</u>	99.
Yes   No	· -	not limited to the	nose	liste	ed al	bov	e) wl	no re	eceived more than \$100	,000 in reportable	9			^
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  Name and business address  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.  ○ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.  ○ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.  ○ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.  ○ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.  ○ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.	compensation from the organization								<del></del>				Voc	
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  NONE  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization promite the organization.  Possible this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Possible this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Possible this table for your five highest compensation from the organization.  Possible this table for your five highest compensation from the organization.  Possible this table for your five highest compensation from the organization.  Possible this table for your five highest compensation from the organization provided in the organization of the year.  In the organization of the organization in the organization in the organization provided in the organization of the year.  Possible this table for your five highest compensation from the organization in the organization of the organization in the orga	2. Did the arganization list any farmer offices	director or tri		. ka		1-		a. h	and an annual and ar	mmlayoo on	Γ		162	NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  (B)  (C)  Compensation  Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization    0	<u> </u>	•		, KE	y en	ipio	yee,	OI I	lighest compensated er	ripioyee on		2		×
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  Name and business address  (B)  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization of the organi	•			ama	ensa	atior	n and	to t	her compensation from	the organization	-	-		1
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  Name and business address  Description of services  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  0										and organization		4		X
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the organization NONE  (A) (B) (C) Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization   0	Section B. Independent Contractors			_										
(A) Name and business address  Description of services  Compensation  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pensa	tion f	rom	
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization								- ,						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0		s address								services	Co			าก
\$100,000 in compensation from the organization   0				_					2000	-				-
\$100,000 in compensation from the organization   0								- 1						
\$100,000 in compensation from the organization   0														
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\$100,000 in compensation from the organization   0	O Total number of independent contractors	(maludina but	204 1		d +=	. +1			d ob avo) who recent dis	nore than				
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	witeejeee in eginpenedien nom the organ			-			<u> </u>				F	orm	990	(2009)

	n 990 (2009) THE CULTURE HOUSE, IN	<u>c.</u>	Ī	43-1739	762 Page <b>9</b>
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns 1 b Membership dues 1 c Fundraising events 1 d Related organizations 1 e Government grants (contributions) 1 f All other contributions, gifts, grants, and				
Contribu		163,141.			
Program Service Revenue	Business Code	251,672. 51,790. 5,314.	251,672. 51,790. 5,314.		
Progran Rev	d RECORDING STUDIO INCOM e f All other program service revenue g Total. Add lines 2a-2f	1,837.	1,837.		
	<ul> <li>Investment income (including dividends, interest, and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	310,010			
	(i) Real (ii) Personal  6 a Gross Rents  b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	10,824.	10,824.		
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses				
enne	c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$				
Other Revenue	contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events	<13,528.	>		<13,528.>
	9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities		i		
	10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory	10,216.	10 216		
	Miscellaneous Revenue Business Code  11 a MISCELLANEOUS INCOME 900099 b ADVERTISING 711300	1,000. 165.	10,216.	165.	
	c d All other revenue e Total. Add lines 11a 11d    12 Total revenue See instructions.	1,165. 482,431.	332,653.	165.	<13,528.>
9320 02-04	09 4-10	9			Form <b>990</b> (2009)

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and				
organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in				
the U.S. See Part IV, line 22	10,203.	10,203.		<del></del>
3 Grants and other assistance to governments,				
organizations, and individuals outside the U.S.				
See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,		4.0.00=	4.5.450	40 050
trustees, and key employees	40,085.	12,235.	15,472.	<u>1-2-, 378</u>
6 -Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	140 714	100 601	12 110	C 00F
7 Other salaries and wages	142,714.	122,691.	13,118.	6,905
8 Pension plan contributions (include section 401(k)	ļ			
and section 403(b) employer contributions)	6,776.	E 627	0.50	281
9 Other employee benefits		5,637.	858.	1,991
10 Payroll taxes	19,907.	14,930.	2,986.	1,331
11 Fees for services (non-employees)				
a Management				
b Legal	3,400.		3,400.	
c Accounting d Lobbying	3,400.		3,400.	
e Professional fundraising services. See Part IV, line 17				
	29,257.	28,151.	1,106.	
g Other  12 Advertising and promotion	21,252.	21,252.	1,100.	
13 Office expenses	23,216.	13,894.	7,737.	1,585
14 Information technology	1,155.	577.	289.	289
15 Royalties	1,233.	3,,,		
16 Occupancy	63,136.	53,248.	6,951.	2,937
17 Travel	12,513.	8,772.	3,741.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,334.	1,667.	1,667.	
20 Interest	•			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,416.	22,874.	2,542.	
23 Insurance	9,013.	6,170.	2,177.	666
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 STUDENT PRODUCTIONS	72,920.	72,920.		
b DUES AND SUBSCRIPTIONS	1,024.		1,024.	
c TAXES AND LICENSES	694.		694.	
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	486,015.	395,221.	63,762.	27,032
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				
educational campaign and fundraising solicitation				

Pai	t X	Balance Sheet			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	49,948.	1	48,131.
	2	Savings and temporary cash investments		2	1,000.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
	}	of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
Assets		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
sse	8	Inventories for sale or use	3,985.	8 .	3-, 98-5
≤	-9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 1,910,214.			
	b	Less accumulated depreciation 10b 273, 127.	1,660,339.	10c	<u>1,637,087</u>
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,003.	15	3,308
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,718,275.	16	1,693,511
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	<del></del>	21	
Ĭ	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons Complete Part II	411 560		45 607
_		of Schedule L	411,762.	22	45,627
	23	Secured mortgages and notes payable to unrelated third parties	961,448.	23	1,305,545
	24	Unsecured notes and loans payable to unrelated third parties	2 200	24	4 0.67
	25	Other liabilities Complete Part X of Schedule D	3,209.	25	4,067 1,355,239
	26	Total liabilities. Add lines 17 through 25	1,376,419.	26	1,333,433
		Organizations that follow SFAS 117, check here   X and complete			
ces	0.7	lines 27 through 29, and lines 33 and 34.	341,856.		338,272
lan	27	Unrestricted net assets	341,630.	27	330,414
Ba	28	Temporarily restricted net assets  Permanently restricted net assets		28	
ב	29	· — —		29	<del></del>
Ē		Organizations that do not follow SFAS 117, check here  and complete lines 30 through 34.			
S	20	·		30	
se	30	Capital stock or trust principal, or current funds  Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		32	<del></del>
Š	32	Total net assets or fund balances	341,856.	33	338,272
	33		1,718,275.		1,693,511
	34	Total liabilities and net assets/fund balances	1 1,110,413.	34	1,093,311

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 43-1739762 THE CULTURE HOUSE, Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated d Type III - Other Type I 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 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009 THE CULTURE HOUSE 43-1739762 Page 2 INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 298,804. 245,329. 296,748. 260,186. 163,141 1,264,208. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 298,804. 245,329. 296,748. 260,186. 163,141 4 Total, Add lines 1 through 3 1,264,208, 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) 704,023. 6 Public support. Subtract line 5 from line 4 560,185. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (d) 2008 (f) Total 298,804 245,329 296,748 260,186. 7 Amounts from line 4 163,141 1,264,208, 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 15,683 19,322 19,481 27.946 and income from similar sources 82,432. Net income from unrelated business activities, whether or not the business is regularly carried on 349 358 707. 10 Other income Do not include gain or loss from the sale of capital 1,822 71 136 1,000 assets (Explain in Part IV) 3,029. 11 Total support. Add lines 7 through 10 1,350,376, 3,238,658. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 41.48 % 14 54.16 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright \mathbf{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. 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

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III   Support Schedule for	Organizations	Described in	Section 509(a	(Complete only	rif you checked the bo	x on line 9 of Part I.)
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")	_				_	<u></u>
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						Į
are not an unrelated trade or bus-						
iness under section 513						
<ul> <li>4 Tax revenues levied for the organization's benefit and either paid to</li> <li>or expended on its behalf</li> </ul>						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						,
7a Amounts included on lines 1, 2, and	, <del> </del>			<u> </u>		
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			<u> </u>			
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	3					
acquired after June 30, 1975	}		İ	j		
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	3					
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 f	or the organization	's first, second. thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	<b>,</b>	(-/(-/ 3	▶ .
Section C. Computation of Pub	olic Support Pe	ercentage				
15 Public support percentage for 2009			column (f))		15	%
16 Public support percentage from 200		-	``		16	%
Section D. Computation of Inve	·		<del></del> ;	···· · · · · · · · · · · · · · · · · ·		
17 Investment income percentage for 2					17	%
18 Investment income percentage from	•		= , = = (///		18	<u> </u>
19a 33 1/3% support tests - 2009. If the		•	on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box	<del>-</del>					▶ 🗀
b 33 1/3% support tests - 2008. If the	•	•	• •			and
line 18 is not more than 33 1/3%, cl	-					<b></b> □
20 Private foundation. If the organizat			•		•	
Triace roundation. It the organization	.c., a.a not oneon a	. Jon of time 14, 13	Ja, or 100, officer t		hedule A (Form 99	0 or 990-EZ) 2009

### Schedule D

Department of the Treasury

Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ▶ Attach to Form 990. ▶ See separate instructions. Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	THE CULTURE HOUSE,		43-1739762		
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, lin	ne 6			
		(a) Donor advised funds	(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				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds		
	are the organization's property, subject to the organization's	•	Yes No		
6	Did the organization inform all grantees, donors, and donor a				
_	for charitable purposes and not for the benefit of the donor				
	impermissible private benefit?		Yes No		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an hi	istorically important land area		
	Protection of natural habitat	· · · -	rtified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last		
	day of the tax year				
	•		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	2d			
3	Number of conservation easements modified, transferred, re		· · · · · · · · · · · · · · · · · · ·		
_	year▶	,g,	or organization coming and tem		
4	Number of states where property subject to conservation ea	asement is located >			
5	Does the organization have a written policy regarding the pe	<del></del>	:		
	violations, and enforcement of the conservation easements	• .	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year		
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) abo				
	and section 170(h)(4)(B)(ii)?	•	Yes No		
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expens	se statement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organiza				
	conservation easements				
Pai	t III Organizations Maintaining Collections of	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, no	ot to report in its revenue statement and l	balance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic 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, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,		
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	ce, provide the following amounts relating to		
	these items				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$		
	(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 financ			
	the following amounts required to be reported under SFAS	116 relating to these items			
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$		
b	Assets included in Form 990, Part X		► \$ ► \$		

Schedule D (Form 990) 2009

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

932051 02-01-10

Sche	dule D (Form 990) 2009 THE CUL	TURE HOUSE	, IN	c			43-1	<u> 173976</u>	2 Pa	ıge <b>2</b>
Par	t III Organizations Maintaining C				easures, c	or Othe	r Similar As	sets (cont	inued)	
, з	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	t are a sı	gnificant use of	ıts collectio	n items	s
	(check all that apply)									
а	Public exhibition	d	· 🔲 •	Loan or exc	hange progra	ıms				
b	Scholarly research	е	(	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organization	on's exer	mpt purpose in l	Part XIV		
5										_
	to be sold to raise funds rather than to be ma							Yes		No
Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	ıncluded			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table			<del></del>			
					_			Amour	ıt	
_c	Beginning balance						1c			<u></u>
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No
b	If "Yes," explain the arrangement in Part XIV									
Pai	rt V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Three years b	ack (e) Fou	ır years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses						·			
d	Grants or scholarships			-						
e	Other expenditures for facilities									
_	and programs									
f	Administrative expenses						<del></del>			
g g	End of year balance					•				
2	Provide the estimated percentage of the year	r end balance held a	 as		.l					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C		<u></u>								
	Are there endowment funds not in the posse		ation tha	at are held a	and administe	ered for t	he organization			
oa		socion of the organiz	4.011	21 410 11010 0	ing dariminote	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no organization		Yes	No
									110	
	· · · · · · · · · · · · · · · · · · ·									
h	• • •								+	
	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds									L
Pa					) Part X line	10				
<u>. u</u>										
	Description of investment  (a) Cost or other (b) Cost or other (c) Accumulated (d) Book va basis (investment)  basis (other)  depreciation							J∧ valu	U	
	Land	24010 (11110011			2,628.		F. 30.00.011	202,628.		
_					36,145.		226,760.			
b	· ·	<u> </u>		1,03	10 1 T # 7 +		220,700.	- · · · · · ·	<i>, , ,</i> ,	<del>55.</del>
C 	Leasehold improvements	<del></del>		-	71,441.		46,367.	<del> </del>	25,0	71
đ	, ,	-		-	11,441.		±0,30/•		10,0	<u>/ = •</u>
	Other		. V ==1:		10(-1)	L <del></del>		1 6	7 0	97
<u>i ota</u>	<ol> <li>Add lines 1a through 1e (Column (d) must e</li> </ol>	equai Form 990, Part	: x, colul	ทก (B), line	1U(C) )			1,63	<i>, , ,</i>	01.

Schedule D (Form 990) 2009

THE CULTURE HOUSE, INC.

932053 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

43-1739762 Page **3** 

	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit		l Einc	noial	Stata	43-	1739762	Page 4
Га		Audit	leu	FIIId	iliciai s	Jiale	mem		
` 1	Total revenue (Form 990, Part VIII, column (A), line 12)				1				
2	Total expenses (Form 990, Part IX, column (A), line 25)				2		-		
3	Excess or (deficit) for the year Subtract line 2 from line 1				_3_	<u> </u>			
4	Net unrealized gains (losses) on investments				4	<u> </u>			
5	Donated services and use of facilities				5_	ļ			
6	Investment expenses				6				
7	Prior period adjustments				7				
8	Other (Describe in Part XIV)				8				
9	Total adjustments (net) Add lines 4 through 8				9				
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statemer		/ith	n Rev	enue p	er R	eturr		<del></del>
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								<del>_</del>
_ a	Net unrealized gains on investments	2a						i	
-b	Donated services and use of facilities	2b	t				· ··		
c	Recoveries of prior year grants	2c					1		
d	Other (Describe in Part XIV)	2d					1		
e	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								
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	l						
b	Other (Describe in Part XIV)	4b			<u>*</u> ===		1		
	Add lines 4a and 4b	40	<u> </u>				4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)						5		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Nit	h Ex	penses	s per		ırn	
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							<u> </u>	
а	Donated services and use of facilities	2a					:		
b	Prior year adjustments	2b				•			
С	Other losses	2c					1		
d	Other (Describe in Part XIV)	2d					1		
е	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								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1						
b	Other (Describe in Part XIV)	4b					1		
С	Add lines 4a and 4b				·		4c		
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)						5		
Pa	t XIV Supplemental Information								
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compl	-							4, Part
, .,			- P			,			
								· · · · · · · · · · · · · · · · · · ·	
								<del></del>	

932054 02-01-10

Schedule I (Form 990) 2009 Employer Identification number å 43-1739762 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(b) ElN (c) IRC section if applicable cash grant non-cash or government assistance or government assistance or government assistance or government or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance are government assistance or government assistance are government are government assistance are government assistance are government are government as government are government Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations INC THE CULTURE HOUSE General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance **FUITION REDUCTION** 43-1739762 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed THE Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information THE APPLICATION IS REVIEWED BY 2: POTENTIAL RECIPIENTS OF SCHOLARSHIPS MUST FMV EXECUTIVE DIRECTOR AND DISCUSSED WITH THE CHAIRMAN OF THE BOARD (d) Amount of non-cash assistance 10,203, Ö (c) Amount of cash grant 26 (b) Number of recipients INC. COMPLETE AN APPLICATION FOR ASSISTANCE. THE CULTURE HOUSE, (a) Type of grant or assistance LINE FEE REDUCTION FOR NEEDY STUDENTS PART I, Schedule I (Form 990) 2009 SCHEDULE I, 932102 02-02-10 Part IV Part III

#### **SCHEDULE L**

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization Employer identification number THE CULTURE HOUSE, INC. 43-1739762 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved by board or (a) Name of interested (b) Loan to or from (c) Original principal (e) In (g) Written (d) Balance due person and purpose the organization? amount default? agreement? committee? To From Yes No Yes Yes No 425,000. JERRY BLUE Х 25,627 Х Х X KIPTON BLUE OPE 20,000 20,000 X X X X 45.627 Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of òrganızatıon's person and the organization transaction transaction revenues? Yes No

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

#### **SCHEDULE O**

(Form 990)

# **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE CULTURE HOUSE, INC.

Employer identification number

THE CULTURE HOUSE, INC. 43-1/39/02
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE AREAS OF PERFORMING AND FINE ARTS.
FORM 990, PART VI, SECTION A, LINE 2: JEREMIAH ENNA, EXEC. DIRECTOR, IS
THE HUSBAND OF MONA SORLING-ENNA, DIRECTOR.
JEREMIAH ENNA, EXEC. DIRECTOR, IS THE BROTHER OF RICK ENNA, DIRECTOR.
FORM 990, PART VI, SECTION A, LINE 8B: WHILE THE GOVERNING BODY OVERSEES
THE COMMITTEES ACTIVITIES, THE COMMITTEES DO NOT DOCUMENT EACH MEETING
HELD.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS PROVIDED
TO EACH BOARD MEMBER TO REVIEW BEFORE IT WAS FILED WITH THE IRS. THE
CHAIRMAN WILL ADDRESS ANY QUESTIONS FROM THE BOARD MEMBERS AND CONFIRM THAT
THE RETURN IS CORRECT PRIOR TO SUBMITTING THE FORM 990 TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO
ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST. BOARD MEMBERS RECUSE
THEMSELVES FROM ANY DISCUSSION AND DECISION MAKING RELATED TO CONFLICTS OF
INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS APPROVES
COMPENSATION TO OFFICERS. OFFICERS ARE PAID BELOW FAIR MARKET VALUE. THE
BOARD OF DIRECTORS DOCUMENTS THEIR COMPENSATION DECISION MAKING PROCESS IN
BOARD MEETING MINUTES. THE EXECUTIVE DIRECTOR RECOMMENDS COMPENSATION  LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule 0 (Form 990) 2009

932211 02-03-10

### **SCHEDULE O**

Department of the Treasury

(Form 990)

**Supplemental Information to Form 990** 

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

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service

Name of the organization

THE CULTURE HOUSE, INC.

Employer identification number 43-1739762

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AMOUNTS FOR OTHER EMPLOYEES, BUT THE BOARD OF DIRECTORS MUST APPROVE THE
COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE UPON
REQUEST TO THE PUBLIC. THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.
FORM 990, SCHEDULE A, PART II
DATE COLUMNS
SINCE THE ORGANIZATION IS FILING A SHORT PERIOD TO CHANGE THEIR YEAR
END, THE DATES SHOWN ON THE COLUMNS FOR SCHEDULE A ARE NOT CORRECT.
THE DATES ARE AS FOLLOWS: (A) 2006, (B) 2007, (C) 2008, (D) 2009, AND
(E)SHORT PERIOD ENDED 6/30/10.
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: V. JERRY BLUE
(A) PURPOSE OF LOAN: PURCHASE OF BUILDING
(B) LOAN TO OR FROM ORGANIZATION? = TO
(C) ORIGINAL PRINCIPAL AMOUNT \$ 425000. (D) BALANCE DUE \$ 25627.
(E) LOAN IN DEFAULT? = NO
(F) APPROVED BY BOARD OR COMMITTEE? = YES
(G) WRITTEN AGREEMENT? = YES
(A) NAME OF PERSON: KIPTON BLUE
(A) PURPOSE OF LOAN: OPERATING EXPENSES
(B) LOAN TO OR FROM ORGANIZATION? = TO
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

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2009
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Name of the organization  THE CULTURE HOUSE, INC.	Employer identification number 43-1739762
(C) ORIGINAL PRINCIPAL AMOUNT \$ 20000. (D) BALANCE DUE \$	20000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
FORM 990, PART VIII, LINE 8B	
FUNDRAISING EVENT DIRECT EXPENSES	
THIS RETURN IS FOR A SHORT PERIOD, SO IT DOES NOT REFLECT	ALL INCOME
AND EXPENSES OF THE ANNUAL FUNDRAISER EVENT THAT IS HELD	EVERY YEAR ON
DECEMBER 31ST. THE MAJORITY OF THE INCOME IS COLLECTED J	UST PRIOR TO
DECEMBER 31ST. THERE ARE EXPENSES PAID BOTH PRIOR AND AF	TER THE EVENT.
SO THE TOTAL FUNDRAISING EXPENSES SHOWN OF \$14,128 ARE FO	R THE DECEMBER
31, 2009 EVENT. INCLUDED IN THE TOTAL WAS \$9,441 THAT WA	S FOR THE
RENTAL OF THE HALL FOR THAT EVENT.	