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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	e 2010 calendar year, or tax year beginning JUN 1, 2010 and ending	g M	AY 31, 2	011				
В	Check if	C Name of organization		D Employer i	dentific	ation number			
	pplicab	I ROSE BLUMKIN PERFORMING ARTS CENTER							
	Addre chang								
	Name chang	Doing Business As		3	6 - 39	64320			
]Initial return	. ,	suite	E Telephone	number				
	Termii	2001 FARNAM SI		4	02.3	345.4849			
	Amen return	City or town, state or country, and ZIP + 4		G Gross receipts	\$	4087	90.		
L	Application pendi	UMAHA, NE 68102		H(a) Is this a g	roup ret		_		
	pendi	F Name and address of principal officer.RICK PUTNAM		for affiliate	es?	Yes X	No		
		SAME AS C ABOVE		H(b) Are all affili	ates incli	uded?Yes	No		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," at	tach a l	ist (see instruction	ıs)		
		te: > WWW.ROSETHEATER.ORG		H(c) Group ex					
			Year c	of formation: 19	94 M	State of legal domici	<u>le: NE</u>		
Pa	art I	Summary				·			
ė		Briefly describe the organization's mission or most significant activities SUPPORT	TH	<u>E OMAHA</u>	THEA	ATER			
2017 & Governance		COMPANY FOR YOUNG PEOPLE							
ē		Check this box if the organization discontinued its operations or disposed of	more	than 25% of its	net ass	sets	_		
£36		Number of voting members of the governing body (Part VI, line 1a)			3		6		
2%	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		6		
≅i‰	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5		0		
ev <u>ē</u>		Total number of volunteers (estimate if necessary)			6		0		
≥δ	I	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.		
Activities	<u> </u>	Net unrelated business taxable income from Form 990-1, line 34			7b		0.		
		Contributions and greats (Part VIII) line 1b)	7	Prior Year		Current Year			
E E		Contributions and grants (Part VIII, line III)	igwdow		0.	3334			
€ 5		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 76) JAN 17 2012	31		0.	850	0.		
₩.		Investment income (Part VIII, column (A), lines 3, 4, and 76)	1⊩—	953		753	374.		
SCANNED		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14e)	/—	0.53	0.	4005	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column A Nine 13)	<u> </u>	953		4087			
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		<u>0.</u>		
		Benefits paid to or for members (Part IX, column (A), line 4)			0.		<u>0.</u>		
Expenses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.		0.		
ĕ	l	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.		
ă	ı	Total fundraising expenses (Part IX, column (D), line 25)		0550	27	0464	47		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	<u>8558</u>		9464			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	\vdash	<u>8558</u>		9464			
es es	19	Revenue less expenses Subtract line 18 from line 12		<u>-7605</u>		<u>-5376</u>			
ets c	20	Total assets (Part X, line 16)	Rec	inning of Curren 183757		End of Year			
Ass	21	Total liabilities (Part X, line 16)			00.	<u>196240</u>	28.		
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	-	183737		195937			
	rt II	Signature Block		103/3/	04.	193937	<u>07.</u>		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	tateme	ante and to the he	et of my	knowledge and helie	f it is		
		et, and complete. Declaration of preparer (other than officer) is based on all information of which pre				Knowicage and belie	1, 10 13		
	001100	in and dymphot bottom than onicely is based on all millioniation of which pre	parci	Ilas ally kilowicus	1	····			
Sigr	,	Signature of officer		Date	1	<u>-</u>			
Here		RICK PUTNAM, SECRETARY							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	ate C	heck	PTIN			
Paid		JANET OSBORN Janet Cuborn		1-8-12- 5	elf-employed	7			
Prep		Firm's name HANCOCK & DANA PC		Firm's E	_				
Use Only Firm's address 12829 WEST DODGE ROAD #100									
	-	OMAHA, NE 68154		Phone i	no. 40	2-391-106	5		
May	the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes	No		
	01 02-2					Form 990 (

ROSE BLUMKIN PERFORMING ARTS CENTER

	rt III Statement of Program Service Accomplishments	3964320	Page 2
			<u> </u>
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission.		
•	SUPPORT THE OMAHA THEATER COMPANY FOR YOUNG PEOPLE		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	☐ Yes	s 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 services?	☐ Yes	x X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	nd	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 725000 • including grants of \$) (Revenue \$)	
	SUPPORT THE OMAHA THEATER COMPANY FOR YOUNG PEOPLE	 	
		· · · · ·	
			
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)		
	/(Expenses to) (Nevenber to) (Nevenber to)	<i>'</i>	
			
			
			
			
			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	·)
			
			<u> </u>
4d	Other program services. (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 725000.		
		Form 9	90 (2010)

032002 12-21-10 Form 990 (2010) FOUNDATION
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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		<u>X</u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		**	
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
d	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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	•
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	ĺ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	İ		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	16		X
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		X
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	_	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l <u>.</u> .
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X_
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990 (2010)

Form 990 (2010) FOUNDATION

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			1
	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,			
	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		X
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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).	00-		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	ļ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form		(2010)
		. 51111		

Part V Statements Regarding Other IRS Filings and Tax Compliance Check is Sheedule O contains a response to any question in this Part V	Form	990 (2010) FOUNDATION 36-39643	20	Pa	age 5
Is Enter the number reported in Box 2 of Form 1096 Enter 0 if not applicable Series the number of Forms W-2G included in line 1a. Enter 0 if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with minings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) with minings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) with minings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) with minings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) with minings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) with minings to prize with the reportable payments to vendors and reportable gaming (gambling) with minings to prize with the reportable gaming (gambling) with minings to prize with the reportable gaming (gambling) with minings to prize with the reportable gaming (gambling) with the reportable gaming (gamb					
1a Enter the number reported in Box 3 of Form 1096 Enter - Or not applicable b Enter the number of Forms W2 Canducted in Inte 1 a. Enter O. Inter opportunity to the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with movements? 2a Enter the number of remmo W2 Canducted in Inter 1 a. Enter O. Inter organization with movements of the calculation of the calc		Check if Schedule O contains a response to any question in this Part V			
1a Enter the number reported in Box 3 of Form 1096 Enter - Or not applicable b Enter the number of Forms W2 Canducted in Inte 1 a. Enter O. Inter opportunity to the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with movements? 2a Enter the number of remmo W2 Canducted in Inter 1 a. Enter O. Inter organization with movements of the calculation of the calc				Yes	No
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) without provided to the calendar year ending with or within the year covered by this return 1 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return 1 I'release the sum of lines 1 a and 2 as it greater than 250, you may be required to 6-file, (see instructions) 3 Dot the organization have unreaded business greater than 250, you may be required to 6-file, (see instructions) 3 Dot the organization have unreaded business gross income of \$1,000 or more dumpt the year? 3 At any time dump the calendar year, did the organization have an interest m, 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)? 4 Di I'res, "has it field a foreign country (such as a bank account, securities account, or other financial account)? 5 Di I'res, "the reference or the foreign country." 5 Desembly the organization in that it was or is a party to a prohibited tax shelter transaction? 6 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 Did with the organization and party to a prohibited tax shelter transaction? 6 Did with the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6 Di I'res," if of the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6 Difference or the second or the dump of the dump of the value of the goods or services provided? 6 Difference or the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6 Difference organization that may receive deductible contributions under section 170(c). 8 D	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
a Enter the number of employees exported on Form W3, Transmittal of Wage and Tax Statements, Med for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lains 1 and 2 as greater than 250, you may be required to effect the restrictions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a Larry 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 Accounts. 5b If Yes, "enter the name of the foreign country.] ▶ 5c Part of the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes," of the reganization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If Yes, "of the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "of the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "of the organization netty the dinor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "indicate the number of Forms 8892 field during the year. 9 Dut the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 1d the organization receive and part	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendary year anding with or within the year covered by this return b 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 filan 250, you may be required to e-file; (see instructions) 3 D dit the organization have unrelated business gross income of \$1,000 or more during the year? 3 A At any time during the calendary year, did the organization for more during the year? 3 A Text time during the calendary year, did the organization have an interest in, or a spirature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; or the financial account in a foreign country in the year? If 'No', provide an explanation in Schedule O 3 B A Text time the name of the foreign country; D B See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. 5 B Was the organization and the foreign country; D B See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. 5 B Was the organization and the foreign country; D B See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. 5 B Was the organization set for secretary only the organization file Form 888817? 5 B Was the organization of the organization file Form 888817? 5 B Was the organization organization file Form 888817? 5 B Was the organization and party for probability and the organization solicity and the organization organization file form 8980 and services provided to the party or foreign the party organization and party for probability organization file form 8881 are quiet for the foreign and file foreign file form 8890 and services provided to the fermional file form 8890 and sequences for file form 8890 and sequences f	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
tiled for the calendar year ending with or within the year covered by this return 2a		(gambling) winnings to prize winners?	1c		
tiled for the calendar year ending with or within the year covered by this return 2a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b If a 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-felic (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-Tro this year? If "No," provide an explanation in Schedule 0 3a At any time during the calendary 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 At any time the man end the foreign country: 5b If "Yes," stert the name of the foreign country (such as a bank account, securities account, or other financial accounts. 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization selection include with evary solicitation an express statement that such contributions or gifts were not tax deductible? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Was the organization neceve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6d If "Yes," include the organization include with every solicitation and party for goods and services provided to the payor? 7a X 7b Ufferent organization selections apply the donor of the value of the goods or services provided? 7b Ufferent organization selections apply the donor of the value of the goods or services provided? 7c X 7d If "Yes," include the organization include with every permitted to the organization received a contribution of qualified intellectual property, of the					
3a	b		2b		
b II "Yes," has if filed a Form 990-T for this year? If YNo," provide an explanation in Schedule O All 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)? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," to line 5a or 5b, did the organization in Active for Instructions of Popular See See See See See See See See See Se		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
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ROSE BLUMKIN PERFORMING ARTS CENTER Form 990 (2010) FOUNDATION 36-3964320 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 1b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Яa b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? Х 10a b If "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? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? X 13 14 Does the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for

public inspection. Indicate how you make these available. Check all that apply.

Own website ___ Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the organization. THE ORGANIZATION - 402.345.4849

2001 FARNAM ST, OMAHA, NE

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week		(check all tha					compensation	compensation from related	amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
SUSAN BUFFETT										
PRESIDENT	1.00	X		X		-		0.	0.	0
RICK PUTNAM	1 00								_	_
SECRETARY	1.00	X		X	<u> </u>	-		0.	0.	0
AMY RYAN	1 00	.							_	_
TRUSTEE	1.00	<u> </u>		-		_		0.	0.	0
CHRIS BLUMKIN	1.00	v						0.	0.	0
TRUSTEE TOBY SCHROPP	1.00	^						0.	<u> </u>	0
TRUSTEE	1.00	x						0.	0.	0
GARY GROTE	1.00				_			·		
TRUSTEE	1.00	x						0.	0.	0
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		Section A. Officers, Directors, To (A) Name and title	(B) Average hours per week			(C Pos	C) ition			(D) Reportable compensation	(E) Reportable compensatio	n	am	(F) timate	_
			(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	comp fro orga and	other pensa om th anizat d relat inizati	e ion ed
															
С		-total I from continuation sheets to Part \ I (add lines 1b and 1c)	/II, Section A	<u> </u>	!	<u> </u>		> > >		0.		0.			0. 0.
2		I number of individuals (including but pensation from the organization	not limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100),000 in reportabl	e		Yes	No
3		he organization list any former office I a? If "Yes," complete Schedule J for		stee	, ke	y em	plog	yee,	or h	nighest compensated e	mployee on		3_		х
4	and r	any individual listed on line 1a, is the strelated organizations greater than \$15	50,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	9 J 1	for such individual	-		4		х
5 Sec	rende	any person listed on line 1a receive or ered to the organization? If "Yes," con B. Independent Contractors	•						elat	ed organization or indiv	idual for services		5		х
1	Com	plete this table for your five highest corganization.	ompensated inc	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of com	pens	ation fi	rom	
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2		number of independent contractors ,000 in compensation from the organ		ot lii	mite	d to	tho (se lis)	sted	l above) who received n	nore than				

Form **990** (2010)

FOUNDATION

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Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to 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							
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,							
	trustees, and key employees							
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan contributions (include section 401(k)							
	and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes				-			
11	Fees for services (non-employees)							
а	Management							
þ	Legal							
C	Accounting							
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17	-						
f	Investment management fees							
g	Other							
12	Advertising and promotion	10270.		10270.				
13	Office expenses							
14	Information technology							
15	Royalties							
16	Occupancy	32929.		32929.				
17	Travel			·				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates	725000.	725000.					
22	Depreciation, depletion, and amortization	178248.		178248.				
23	Insurance							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)			.,				
а								
b								
С								
d								
е					·-··			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	946447.	725000.	221447.	0.			
26	Joint costs. Check here ▶ ☐ If following SOP							
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Form **990** (2010)

FOUNDATION

Part X **Balance Sheet** (B) End of year (A) Beginning of year 3171. 8059. 1 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 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 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 8 Inventories for sale or use 23781. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 6926296. basis Complete Part VI of Schedule D 10a 2913246. 4013050. b Less: accumulated depreciation 10b 4063337. 10c Investments - publicly traded securities 11 11 14309194. 15579145. 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 18375702. 19624035. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 28328 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 2000. 2000. 25 Other liabilities Complete Part X of Schedule D 25 2000. 30328. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X

and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 19593707. 18373702. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 18373702. 19593707. Total net assets or fund balances 33 19624035. 18375702 Total liabilities and net assets/fund balances

Form 990 (2010)

Consolidated basis X Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2010)

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За

3b

___ Separate basis

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Name of the organization

ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION

Employer identification number 36-3964320

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). 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) 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d ____ Type III - Other __ Type I **b** X Type II c Type III - Functionally integrated 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 X the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) X (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (v) Did you notify the (vi) Is the (iv) is the organization (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No **OMAHA** THEATER COMP47-0494912LINE 9 X 725000. X X

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

Schedule A (Form 990 or 990-EZ) 2010

725000.

032021 12-21-10

Part II Support Schedule for (Complete only if you checke	d the box on line s	5, 7, or 8 of Part I o	or if the organization			
fails to qualify under the tests	isted below, plea	ase complete Part	111)			
Section A. Public Support		<u></u>	T		1 .	1
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions			i			
by each person (other than a			:			
governmental unit or publicly						
supported organization) included			-			
on line 1 that exceeds 2% of the						1
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4				<u> </u>		
Section B. Total Support	r · · · · · · · · · · · · · · · · · · ·			-, -:		,
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4				ļ		
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources		-				_
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10	<u> </u>	L	1	<u> </u>	<u> </u>	<u></u>
12 Gross receipts from related activities,					12	
13 First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
organization, check this box and stor Section C. Computation of Publ		rcentage	 		· · · · ·	<u> </u>
			nalumn (A)		144	
14 Public support percentage for 2010 (I			column (t))		14	9
15 Public support percentage from 2009	•	•	40	44 00 4/00/	15	9/
16a 33 1/3% support test - 2010. If the o				14 IS 33 1/3% OF F	nore, check this bo	x and
stop here. The organization qualifies		•		lb== 15 -= 00 1/00	/bl- th	
b 33 1/3% support test - 2009. If the o				ine is is 33 1/3%	o or more, check th	IS DOX
and stop here. The organization quali	• •			10 10 10-	and line 4.4 is 4.004	▶ □
17a 10% -facts-and-circumstances test	-					
and if the organization meets the "fac			•	-	art IV now the organ	iization
meets the "facts-and-circumstances"					170 and line 45 := 1	100/ 0″
b 10% -facts-and-circumstances test	=					
more, and if the organization meets the				•		<i>'</i> ⊾□
organization meets the "facts-and-circ	Juniotanices lest	THE Organization (tamines as a habii	iciy supported org	ai iizaliUII	-

Schedule A (Form 990 or 990-EZ) 2010

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, picase com	piete i ait ii j			_	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and					-	
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
-	· · · · · · · · · · · · · · · · · · ·					
4 Tax revenues levied for the organ-			}			
ization's benefit and either paid to			İ			+
or expended on its behalf				ļ	-	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		•				
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		<u> </u>	,			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	(B) 2000	(6) 2007	(0) 2000	(4) 2003	(e) 2010	(i) iotai
10a Gross income from interest,					<u> </u>	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		<u></u>		ļ		
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is					,	
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)					1	
13 Total support (Add lines 9, 10c, 11, and 12)			·			T
14 First five years. If the Form 990 is for t	ne organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organi	zation,
check this box and stop here	J			•	(, , , ,	· ▶ □
Section C. Computation of Public	Support Pe	rcentage				<u> </u>
15 Public support percentage for 2010 (lin			olumn (fl)		15	%
16 Public support percentage from 2009 S		•			16	%
Section D. Computation of Invest					<u></u>	
17 Investment income percentage for 201			ne 13. column (fl)	···-	17	%
18 Investment income percentage from 20			.5 75, 55161111 (1/)		18	<u>%</u>
· · · · · · · · · · · · · · · · · · ·			nn line 14 and has	a 15 ie mara than		
19a 33 1/3% support tests - 2010. If the o						11.19.1101
more than 33 1/3%, check this box and	· ·					▶
b 33 1/3% support tests - 2009. If the o						. —
line 18 is not more than 33 1/3%, check						₽₩
20 Private foundation. If the organization	did not check a	box on line 14, 19:	a, or 19b, check th	nis box and see in	structions	

2010.05040 ROSE BLUMKIN PERFORMING ART 00977__1

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Open to Public

Inspection

ROSE BLUMKIN PERFORMING ARTS CENTER Name of the organization FOUNDATION

Employer identification number 36-3964320

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		·
		(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 advised t	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 of		-
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	, Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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 str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	, ,	
	listed in the National Register	, , , , , , , , , , , , , , , , , , , ,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the ord	
	year >		, 3
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er 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 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, 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	·	► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS 1	•	
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2010

ROSE BLUMKIN PERFORMING ARTS CENTER

	dule D (Form 990) 2010 FOUNDAT								64320		
Pa	rt III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	ts (contil	nued)	
3	Using the organization's acquisition, access	on, and other record	ds, check	any of the	following that	at are a s	ignificant ι	ise of its	collection	ıtem:	s
	(check all that apply).										
а	Public exhibition	c	ا <u>لـــا</u> ا	Loan or exc	hange progr	ams					
b	Scholarly research	•	, 🗀 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ey further tl	he organizat	ion's exe	mpt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or oth	er sımılaı	r assets				
	to be sold to raise funds rather than to be m	aintained as part of	the orgar	nization's co	ollection?				Yes		No_
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n 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	an or other intermed	diary for	contribution	s or other as	ssets not	ıncluded	-			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able.							
			_						Amount		
С	Beginning balance						1c				
	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
	If "Yes," explain the arrangement in Part XIV	,,									
Par		f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
	1	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	(a) comon you	(3).	,	(0) 1110 700	TO BUOK	(d) IIII oo j	ouro Buon	(0) 1 00.	<i>y</i> ou. o	<u> </u>
h	Contributions		<u> </u>								
c	Net investment earnings, gains, and losses										
٦	Grants or scholarships										
۵.	Other expenditures for facilities										
·	and programs										
f	Administrative expenses	==									
-	End of year balance	······································			<u> </u>						
g 2		r and balance hold a	L		<u> </u>		·····		<u> </u>		
	Provide the estimated percentage of the year	r end balance neld a									
	Board designated or quasi-endowment		_%								
	Permanent endowment ▶ Term endowment ▶	% %									
		. •									
Sa	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are neid a	na administe	erea for ti	ne organiz	ation	Г	. 1	
	by									Yes	No_
	(i) unrelated organizations								3a(i)		
	(ii) related organizations		.		•				3a(ii)		
	If "Yes" to 3a(ii), are the related organizations								_3b		
Box	Describe in Part XIV the intended uses of the										
Far											
	Description of investment	(a) Cost or o			or other		ccumulate	d	(d) Book	value	•
		basis (investr	nent)	basis	(other)	de	preciation				
	Land								<u> </u>		
	Buildings										
С	Leasehold improvements	6408			·····	3	249184				<u>66.</u>
	Equipment		981.				13570				<u>73.</u>
e	Other	346	<u>603.</u>				28569	92.			<u>11.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	nn (B), line 1	0(c))				401	.30!	<u>50.</u>

Schedule D (Form 990) 2010

Schedule	D (Form	990)	201

Schedule D (Form 990) 2010 FOUNDATION		*	36	-3964320 Page
Part VII Investments - Other Securities. Se	e Form 990, Part X, lin	ne 12		·
(a) Description of security or category (including name of security)	(b) Book value	Со	(c) Method of valua st or end-of-year man	
(1) Financial derivatives			· · · · · · · · · · · · · · · · · · ·	
(2) Closely-held equity interests				
(3) Other				****
(A) WEITZ BALANCED FUND	829086	8. END-OF-Y	EAR MARKET	VALUE
(B) BERKSHIRE HATHAWAY CLASS	70000	17 717 07 1		****
(C) B	728827	END-OF-Y	EAR MARKET	VALUE
(D)				
(E)				
(F)(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	1557914	5.	`	
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value		(c) Method of valua	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(1)		····		(4)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,	9 15)			<u> </u>
(a) Description of liability	iine 25.	(b) Amount		·
(1) Federal income taxes		0.	-	
(2) DUE TO RELATED ORGANIZATI	ON	2000.	1	
(3)	014	2000.	-	
(4)			1	
(5)		· · · · · · · · · · · · · · · · · · ·	1	
(6)			1	
(7)				
(8)]	
(9)				
(10)]	
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to EN 48 (ASC 740)	e 25) the organization's financial s	2000 .	ization's liability for uncerta	in tax positions under
032053 12-20-10			Sch	edule D (Form 990) 20

ROSE BLUMKIN PERFORMING ARTS CENTER

	dule D (Form 990) 2010 FOUNDATION					3964320	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audited	Financial	State	ment:		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	ļ			<u>790.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2_				<u>447.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	ļ		-537	<u>657.</u>
4	Net unrealized gains (losses) on investments		4				
5	Donated services and use of facilities		5	ļ			
6	Investment expenses		6				
7	Prior period adjustments		7	<u> </u>			
8	Other (Describe in Part XIV.)		8	<u></u>		1757	
9	Total adjustments (net). Add lines 4 through 8		9			1757	<u>662.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		10			1220	005.
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue	per R	eturn		
1	Total revenue, gains, and other support per audited financial statements				1	2166	<u>452.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1 1		
а	Net unrealized gains on investments	2a	17576	62.	1		
b	Donated services and use of facilities	2b			1		
С	Recoveries of prior year grants	2c			1 1		
d	Other (Describe in Part XIV)	2d			1 1		
е	Add lines 2a through 2d				2e	1757	662.
3	Subtract line 2e from line 1				3		790.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			İ			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1 1		
b	Other (Describe in Part XIV.)	4b			1		
	Add lines 4a and 4b	<u> </u>			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	408	790.
Pai	t XIII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expense	s per			, , , , , , , , , , , , , , , , , , ,
1	Total expenses and losses per audited financial statements			- ро.	1		447.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				- ' 		
a	Donated services and use of facilities	2a					
		2b	<u> </u>				
b	Prior year adjustments			-			
C	Other losses	2c		-	1		
d	Other (Describe in Part XIV)	2d					0
_	Add lines 2a through 2d				2e	0.46	$\frac{0.}{447.}$
3	Subtract line 2e from line 1			1	3	940	44/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	·		1		
	Other (Describe in Part XIV.)	4b			1 1		•
	Add lines 4a and 4b				4c	0.46	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		•		5	946	<u>447.</u>
	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part						; Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com			-			
PAL	RT X, LINE 2: THE FOUNDATION IS EXEMPT FRO	M FEDE	ERAL INC	COME	TAX	CES	
TT3-TT	NED GEOMEON FOI/G//2/ OF MUE TAMBERNAL DEVI		\D.D.				
UNI	DER SECTION 501(C)(3) OF THE INTERNAL REVE	SNUE CC	DE.				
MUT	ODCANTZAMION ADODMED MUE DDOUTCIONS OF E	. T NI	אר אממנ	ATTATO	TAIC	CMYNDYD.	ne
Int	ORGANIZATION ADOPTED THE PROVISIONS OF F	TIVAINCI	AL ACC	JONT	TMG	STANDAR	<u> </u>
DO.	DD /FACD\ ACCOUNTING CHANDADDG CODTETCAMI		ימ\ שמדי	r	00 5	740 10	
BOF	ARD (FASB) ACCOUNTING STANDARDS CODIFICATI	LON (AS	C) TOP	LC A	SC /	<u> </u>	
300	COUNTING FOR UNCERTAINTY IN INCOME TAXES,	ONI TIIN	TE-1 20	009.	TH	J D	
ACC	COUNTING FOR UNCERTAINTY IN INCOME TAKES,	ON OOL	<u> 1, 2</u> (109.		115	
IME	PLEMENTATION OF THIS STANDARD HAD NO IMPAC	T ON T	HE FINA	NCI	AL S	TATEMEN'	TS.
<u>AS</u>	OF MAY 31, 2011 AND 2010, THE UNRECOGNIZE	ED TAX	BENEFI				
032054					Sched	ule D (Form 990	0) 2010
12-20-	10						

ROSE BLUMKIN PERFORMING ARTS CENTER Schedule D (Form 990) 2010 FOUNDATION 36-3964320 Page 5 Part XIV Supplemental Information (continued) ZERO`. THE ORGANIZATION WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE, IF INCURRED. THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007. PART XI, LINE 8 - OTHER ADJUSTMENTS: 1757662. NET UNREALIZED GAIN ON INVESTMENTS

Schedule D (Form 990) 2010

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION

Employer identification number 36-3964320

Га	rt i Types of Property									
		(a) Check if applicable	(b) Number of contributions or	Noncash conti	rted on	Metho noncash	(d) od of dete contributi			s
			items contributed	Form 990, Part V	III, line 1g					
1	Art - Works of art									
2	Art - Historical treasures									
3	Art · Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	<u> </u>	1	333	416.	FMV AT	DATE	OF	TR.	<u>ANS</u>
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate · Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies				•					
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens						-			
24	Archeological artifacts									
25	Other • ()									
26	Other • ()									
27	Other (····						
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for c	ontributions						
	for which the organization completed Form 828		•		29					
	5	,,		,					Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rer	oorted in Part I. lin	es 1-28 th:	at it must hold	for [一		
	at least three years from the date of the initial of			· ·					1	1
	the entire holding period?		, and minor is not			.р. рагроссо		30a	1	X
h	If "Yes," describe the arrangement in Part II.						F	1		
31	Does the organization have a gift acceptance p	nolicy that re	equires the review	of any non-stands	ird contrib	utions?	1	31	1	Х
	Does the organization have a gift acceptance p			-			<u> </u>	"		
uza	contributions?	JI I TIALEU OI	yanızanınıs tu son	cit, process, or se	ii noncash			220	1	Х
L	If "Yes," describe in Part II.						F	32a		
		ookuma (a) f	ior o tupo of mass ==		nn (n) := ==	ookod	-			l
33	If the organization did not report an amount in	column (c) t	or a type of proper	rty for which colur	rırı (a) is ch	ескеа,				l
	describe in Part II				_					

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

Schedule M (Form 990) (2010)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION

Employer identification number 36-3964320

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED BY THE VICE
PRESIDENT OF THE FINANCE COMMITTEE TO THE EXECUTIVE COMMITTEE AND THE FULL
BOARD FOR REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS SIGN THE
CONFLICT OF INTEREST POLICY, AND TO IDENTIFY AND DISCLOSE ANY CONFLICTS AT
THE BEGINNING OF A STAFF OR VOLUNTEER RELATIONSHIP AND THEN ONLY AGAIN
SHOULD THE RELATIONSHIP CHANGE. THE CONFLICTS ARE REVIEWED BY THE MANAGING
DIRECTOR AND THE BOARD PRESIDENT TO DETERMINE NECESSARY ACTION TO BE TAKEN.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFILCT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPONE REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAIN ON INVESTMENTS 1757662.
PART XII LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
•

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships ► See separate instructions. PERFORMING ARTS CENTER ROSE BLUMKIN FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2010 Open to Public Inspection OMB No 1545-0047

Employer identification number 36-3964320

Direct controlling entity

End-of-year assets **e** Total income **©** Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part 11

(a)	(a)	(0)	(o)	(e)	E	b)	0.00
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	<i>'</i> '
				501(c)(3))		Yes	N _o
OMAHA THEATER COMPANY FOR YOUNG PEOPLE -	THEATRICAL PERFORMANCES						
47-0494912, 2001 FARNAM STREET, OMAHA, NE	AND PERFORMING ARTS						
	EDUCATION CLASSES FOR	NEBRASKA	501(C)(3)	509(A)(2)			×
						-	

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

Schedule R (Form 990) 2010

ROSE BLUMKIN PERFORMING ARTS CENTER

FOUNDATION Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

36-3964320

8g. g <u>.</u>	1	1	1	
(j) (k), General or Percentage managing ownership partner?				
ow Per				
(j) General or managing partner?				
_ × ≘ (S)				
V-UBI	,			
(i) ode V count ii of Sch				
Code V-UBI amount in box no 20 of Schedule L K-1 (Form 1065)		. <u>.</u>		
portion- cations?				
(h) Disproportionate allocations/				
(g) hare of l-of-yea ssets				
(g) Share of end-of-year assets				
(f) Share of total income				
(f) Ire of ncom				
(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)				
t inco rrelate rax u 12-51				
(e) minant ed, uni d from ons 51				
Predo (relaticionde) sectiv				
<u> </u>				
(d) Direct controlling entity				
(d)				
Direc				
all or region (yr)	-			
(c) Legal domicile (state or foreign				
À				
(b) Primary activity				
(b) nary a				
Prım				
d EIN ation				
(a) Name, address, and EIN of related organization				
(a) ddres ed org				
ne, aı relate	$ \ \ \ $			
Nar of				
1			1 1 1 1	1 1 I J

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

	ntage rship			
	(h) Percentage ownership			
	(g) Share of end-of-year assets			
	(f) Share of total income			
	(e) Type of entry (C corp, S corp, or trust)			
	(d) Direct controlling entity			
	(C) Legal domicile (state or foreign country)			
(al.,)	(b) Primary activity			
organizations treated as a corporation of trust during the lax year,	(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2010

032162 12-21-10

ROSE BLUMKIN PERFORMING ARTS CENTER Schedule R (Form 990) 2010 FOUNDATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Page 3

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	٩
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	slated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1		×
 b Gift, grant, or capital contribution to other organization(s) 		•		4	×	
c Gift, grant, or capital contribution from other organization(s)	:			15		×
d Loans or loan guarantees to or for other organization(s)				10		×
				Ģ		×
				2	T	4
f Sale of assets to other organization(s)				7		×
ation(s)				7		×
		•		2 ;	T	;
			: : : : : : : : : : : : : : : : : : : :	F	1	4
 Lease of facilities, equipment, or other assets to other organization(s) 	٠			; =	×	
j Lease of facilities, equipment, or other assets from other organization(s)				F		×
k Performance of services or membership or fundraising solicitations for other organization(s)	nization(s)			¥	-	×
	ization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				Ę		×
Sharing of part of purple state of part of purple state of part of purple state of part of purple state of part of purple state of part of purple state of part of par	•		:	;		>
II Straing of paid entiployees				=		4
A Reimbureament paid to other organization for evidences					1	×
				2 ;		: >
p neimbursement para by other organization for expenses	•			2		4
A Other transfer of each or property to other pressuration(s)						
d curier transfer of cash of property to onlier organization (s)				Ξ,		4 >
.				-		4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	Is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) OMAHA THEATER COMPANY FOR YOUNG PEOPLE	В	725000.				
(2) OMAHA THEATER COMPANY FOR YOUNG PEOPLE	Ι	290000.				
(6)						
(4)						
(5)						
(9)						
032163 12-21-10	29		Schedule R (Form 990) 2010	R (Form	066	2010

ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION

Schedule R (Form 990) 2010

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

Page 4

36-3964320

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

(a)	(g)	(0)	9	(e)	e	(a)	3
Name, address, and EIN	Primary activity		Are all partners section 501(c)(3)	Share of end-of-	ģ •	Code V-UBI	General or managing
of entity		(state or foreign country)	organizations?	year assets		of Schedule K-1 (Form 1065)	yes No
			_				
					_		
			•	-			
							-
							-
				-			
							_

Schedule R (Form 990) 2010

ROSE BLUMKIN PERFORMING ARTS CENTER

Schedule R	(Form 990) 2010	FOUNDATION	36-3964320	Page 5
Part VII	(Form 990) 2010 Supplemental Infor	mation		
	Jerbhiemental IIIION	manon	- t \	
	Complete this part to prov	vide additional information for responses to questions on Schedule R (see instru	ctions)	
		•		
	 			
	-			
				
				
			<u> </u>	
				
				
	-			
	•			
				
	- -			
		· 		
				
505465		 		

032165 12-21-10

Schedule R (Form 990) 2010

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

990

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return	•	 -	Busine	ss or activity to w	hich this form relate	ıs	Identifying number
ROSE BLUMKIN PERFORMING	ARTS C	ENTER					
FOUNDATION	12(12)	211221	FOR	M 990 F	AGE 10		36-3964320
Part I Election To Expense Certain Property L	Inder Section 1	79 Note: If you have				V hefore	
Maximum amount (see instructions)		i itoto, ii jou iiu	70 diriy 110	ou property,	compictor art	1	500000.
2 Total cost of section 179 property placed i	n sanuca Isaa	inetrictions)				2	300000.
3 Threshold cost of section 179 property be						3	2000000.
						4	2000000
4 Reduction in limitation Subtract line 3 from		•				5	
5 Dollar limitation for tax year Subtract line 4 from line 1 If 6 (a) Description of propert				ess use only)	(c) Elected		
6 (a) Description of propert	,		Cost (busin	ss use only)	(C) Elected	CUSI	
	 			-			-
		· · · · · · · · · · · · · · · · · · ·					
	 						
7 Listed property Enter the amount from line				7			
8 Total elected cost of section 179 property		in column (c), line	es 6 and	7		_8_	
9 Tentative deduction. Enter the smaller of I						9	
10 Carryover of disallowed deduction from line	e 13 of your 20	009 Form 4562				10	
11 Business income limitation. Enter the small		•		•		11	
12 Section 179 expense deduction Add lines	9 and 10, but	do not enter mor	e than lin	e 11		12	
13 Carryover of disallowed deduction to 2011				▶ 13			
Note: Do not use Part II or Part III below for list	ed property. I	nstead, use Part V	<u>/. </u>				
Part II Special Depreciation Allowance	and Other D	epreciation (Do r	not includ	le listed propi	erty.)		
14 Special depreciation allowance for qualified	d property (oth	er than listed pro	perty) pla	iced in servic	e during		
the tax year	14						
15 Property subject to section 168(f)(1) election	15						
16 Other depreciation (including ACRS)						16	
Part III MACRS Depreciation (Do not in	clude listed pr	operty) (See insti	ructions.)				
		Section	1 A				
17 MACRS deductions for assets placed in se	rvice in tax ye	ars beginning bet	fore 2010	ı		17	176508.
18 If you are electing to group any assets placed in service of					▶∟_		<u> </u>
Section B - Assets Pla	ced in Servic			Ising the Ger	neral Deprecia	tion Syst	tem
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investmonly - see instruc	ent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property	ĺ						
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property	[
g 25-year property	Ī			25 yrs.		S/L	
	/			27 5 yrs.	ММ	S/L	
h Residential rental property	/			27.5 yrs	ММ	S/L	
	/			39 yrs	ММ	S/L	
i Nonresidential real property	,				ММ	S/L	
Section C - Assets Place	ed in Service	During 2010 Tax	Year Us	ing the Alter			stem
20a Class life		· · · · · · · · · · · · · · · · · · ·				S/L	
b 12-year	ŀ			12 yrs.	1	S/L	
<u>c</u> 40-year	,			40 yrs	ММ	S/L	
Part IV Summary (See instructions.)	<u>, , , , , , , , , , , , , , , , , , , </u>	·		- 7:-		· · · · · · · · · · · · · · · · · · ·	
21 Listed property. Enter amount from line 28	·					21	
22 Total. Add amounts from line 12, lines 14 t	hrough 17, line	es 19 and 20 in co	olumn (g)	and line 21.		 '	

016251 12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.

Form 4562 (2010)

176508.

Form	4562	(2010)	

Amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (htrough (p) of Section A, air of Section B, and Section C at applicable Section A 1 perceitation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? (b) (c) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Form 4562 (2010)		NDATION NO NO NO NO NO NO NO NO NO NO NO NO N		· · · · · ·									1320	
Note: For any whichel for which you are using the standard mileage rate or deducting lease expense, complete only 249, 240, columns (through 16) of Section A. Depreciation and Other Information (Quution: See the extractions for limits for passenger automobiles.) 24g. Do you have deepen to support the businessist in the complete of the property of the passenger automobiles. The property of the passenger automobiles of the property of the passenger automobiles. The property of the passenger automobiles of the passenger automobiles. The property of the passenger automobiles of the passenger automobiles. The property of the passenger automobiles of the passenger automobiles. The property of the passenger automobiles of the passenger automobiles. The property standard in service during the tax year and used more than 50% in a qualified business use: 28 Property used more than 50% in a qualified business use. 29 Property used 50% or less in a qualified business use. 29 Property used 50% or less in a qualified business use. 29 Property used 50% or less in a qualified business use. 29 Property used 50% or less in a qualified business use. 29 Property used 50% or less in a qualified business use. 29 Property used 50% or less in a qualified business use. 29 Property used 50% or less in a qualified business use. 29 Property used 50% or less in a qualified business use. 29 Property used 50% or less in a qualified business use. 29 Property used 50% or less in a qualified business use. 20 Total business/movement miles driven during the year and into 7, page 1 years and y		ty (include a	utomobiles, ce	rtain ot	her vehic	les, cer	rtaın com	puters	s, and prop	perty use	d for en	tertainn	nent, rec	reation,	or
Section A - Depreciation and Other Information (Gaution:: Sie the instructions for himse for passenger automobiles.) 2g. Boyub Nave equidence to support the business/investment use claimed? 1 (e) (p) (p) (p) (p) (p) (p) (p) (p) (p) (p	Note: For any							dedu	cting lease	expense	e, compl	ete onl	y 24a, 2	4b, colui	mns (a)
249. Buyou have evidence to support the business/investment use claimed?	through (c) of S	Section A, all	of Section B,	and Se	ction C if	applica	able			· · _					
(g) type of property (list whicke linst) Dutin (lines and lines) Dutin (list whicke linst) Dutin					_			nstruc	tions for li	mits for p	assenge	er auton	nobiles.))	
Type of property (inst whelse (st) placed in the promise of the pass of the property of the pass of th	24a Do you have evidence to s	support the bu		nt use c	laımed?	<u> </u>	res	<u>No</u>	24b If "Y	es," is th	e evider	ice writ	ten?	 	No
(198 cellinative) placed in myestiment (198 cellinative) placed in controllary controllary (198 cellinative) placed in service during the tax year and used more than 50% in a qualified business use. 25 Special depreciation allowance for qualified business use used more than 50% in a qualified business use (198 cellinative) (198 celli	_ (a)				(d)				1	(9	g)	((h)		
25 Special depreciation allowance for qualified latest property placed in service during the tax year and used more than 50% in a qualified business use 25 Property used more than 50% in a qualified business use 25 Property used 50% or less in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (t), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Enter here and on line 21, page 1 29 Section 8 - Information on Use of Vehicles 29 Section 8 - Information on Use of Vehicles 29 Section 8 - Information on Use of Vehicles 29 Section 8 - Information on Use of Vehicles 29 Section 8 - Information on Use of Vehicles 30 Total business/mestment miles driven during the year 20 Section 8 - Information on Use of Vehicle	Type of property														
used more than 50% in a qualified business use: Property used more than 50% in a qualified business use:	(list vehicles ilist)	service	use percentaç	je O	uiei basis		use only)	periou	CONV	enaon	<u>ueu</u>		C	ost
Property used more than 50% in a qualified business use:	25 Special depreciation alle	owance for q	jualified listed	property	y placed	ın servi	ice during	the t	ax year an	d					
96 96 97 98 98 98 98 98 98 98	used more than 50% in	a qualified b	usiness use								25				
Section Sect	26 Property used more tha	n 50% ın a c	ualified busine	ess use	•										
27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1 28 28 29 Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1 29 29 29 Add amounts in column (h), line 26. Enter here and on line 21, page 1 29 29 29 Add amounts in column (h), line 26. Enter here and on line 21, page 1 29 29 Complete this section for vehicles used by a sole prophetor, partner, or other "more than 5% owner," or related person. 20 Total business/investment miles driven during the year do not include community miles) 20 Total business/investment miles driven during the year (do not include community miles) 21 Total other personal (noncommuting) miles driven during the year. 22 Total other personal (noncommuting) miles driven during the year. 23 Total other personal (noncommuting) miles driven during the year. 24 Was the vehicle available for personal use during off duty hours? 25 Was the vehicle available for personal use during off duty hours? 26 Is another vehicle available for personal used turning off duty hours? 27 Less the vehicle used primarily by a more than 5% owner or related persons. 28 Our provide available for personal used turning off duty hours? 29 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees who are not more than 5% owners or related persons. 29 Less the vehicle available for personal used than 5% owner or related persons. 20 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by comployees a personal use? 20 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 20 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by co			9	6											
77 Property used 50% or less in a qualified business use.			9	6										:	
Section B - Information on Use of Vehicle Set			9	6											
St. St.	27 Property used 50% or le	ess in a qual	ified business	use.											
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Section B - Information on Use of Vehicles Vehicles Vehicle Section B - Information on Use of Vehicles Used by Vehicles Information Inf			9	6			•			S/L·				1	
Section B - Information on Use of Vehicles Vehicles Vehicle Section B - Information on Use of Vehicles Used by Vehicles Information Inf	28 Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line 21	, page 1				28			7	
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole prophetor, partner, or other "more than 5% owner," or related person 1 you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles 10 Total business/investment miles driven during the year (do not include commuting miles) 11 Total commuting miles driven during the year (20 not include commuting miles) 12 Total other personal (noncommuting) miles driven during the year. 13 Total miles driven during the year. 14 Was the vehicle available for personal use during difficulty hours? 15 Was the vehicle available for personal use during difficulty hours? 15 Was the vehicle available for personal use during difficulty hours? 16 Is another vehicle available for personal use acception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 17 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 18 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 19 Do you treat all use of vehicles, and retain the information received? 10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 10 Do you meet the requirements concerning qualified automobile demonstration use? 10 Do you meet the requirement sconcerning qualified automobile demonstration use? 11 Do you meet the requirement sconcerning qualified automobile demonstration general persons. 12 Amortization of costs that begins during your 2010 tax year. 15 Amortization of costs that begi							.						29		
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person lyou provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles which is considered to the part of the		<u> </u>					on Use	of Vel	nicles	-				.1	
flyou provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles (a) (b) (c) (d) (e) (f) Vehicle Vehi	Complete this section for ve	hicles used	by a sole prop	rietor, p	artner. o	r other	"more th	an 5%	owner " c	or related	person				
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Part VI Amortization (a) (b) (c) Amortizable amount Code section period or percentage Amortization for this year 2 Amortization of costs that begins during your 2010 tax year. VEBSITE UPGRADE 050111 62651. 197 3 YRS 1740 3 Amortization of costs that began before your 2010 tax year 4 Total. Add amounts in column (f) See the instructions for where to report 44	1 Do you meet the require	ments conce	erning qualified	autom	obile der	nonstra	ation use	?							
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4 Total. Add amounts in column (f) See the instructions for where to report 44 1740	OI GIVAD			~	'		. <u> </u>	+			<u> </u>	·			. = 0 0
4 Total. Add amounts in column (f) See the instructions for where to report 44 1740	2 Amortization of coate 45	at heads had	ore vous 2010	tav var	L	-						43			
		-		-							ł				710
	4 Total, Add amounts in c	olumn (f) Se	e the instructi	UNS TOP	wnere to	report					<u>l</u>	44			

Form **8868**

(Rev January 2011)

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 a	tre filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box			LX	
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).			
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fil	led Fo	rm 8868.		
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time to	o file (6	6 months for a corp	oration	
	o file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex-						
	Benefit Contracts, which must be sent to the IRS in pap	-					
	irs gov/efile and click on e-file for Charities & Nonprofits		(000			,	
Part I	Automatic 3-Month Extension of Time		bmit original (no copies needed)				
	ation required to file Form 990-T and requesting an autor		·	plete			
Part I only				.p	•		
	, corporations (including 1120-C filers), partnerships, REM	IICs and t	rusts must use Form 7004 to request an	exten	sion of time		
	ome tax returns.	., 00, 4,,6		0,1101	0.0		
Type or	Name of exempt organization		······································	Emn	loyer identification	number	
print	ROSE BLUMKIN PERFORMING ART	TS CEI	NTER	p	ioyar racritimoution		
Pi iii	FOUNDATION	10 00.	WI DIC	٦	6-3964320		
File by the	Number, street, and room or suite no. If a P.O box, s	oo instrus	tions		0 3304320		
due date for filing your	2001 FARNAM ST	ee manac	nona.				
return See	City, town or post office, state, and ZIP code. For a fo	oreian add	race can instructions				
	OMAHA, NE 68102	orcigir auc	ness, see instructions				
	CHAIR, NE COTOZ						
Enter the	Return code for the return that this application is for (file	e a senara	te application for each return)			0 1	
	riotani codo for the rotani that this application is for the	o a ocpaia	te application for each return				
	on	Return	Application	-		Return	
ls For		Code	Is For			Code	
Form 990							
Form 990		01 Form 990-T (corporation) 02 Form 1041-A					
Form 990		03	Form 4720			08	
Form 990							
	-T (sec 401(a) or 408(a) trust)	05	Form 5227 Form 6069			10	
Form 990-T (trust other than above) 06 Form 8870							
101111 990	THE ORGANIZATION		F0111 8670			12	
• The be	ooks are in the care of > 2001 FARNAM ST		אנוא אוני 69102				
	sone No \triangleright 402.345.4849	- ON	FAX No >				
	organization does not have an office or place of business					الــــا	
г	s for a Group Return, enter the organization's four digit	٦.					
box 🕨 L			ch a list with the names and EINs of all		ers the extension is	ior.	
1 I red	quest an automatic 3-month (6 months for a corporation	-	•		The endemone		
	JANUARY 15, 2012, to file the exemp	it organiza	tion return for the organization named a	bove.	The extension		
is it	or the organization's return for:						
	calendar year or						
	X tax year beginning JUN 1, 2010	, an	d ending <u>MAY 31, 2011</u>		- ·		
0 17.11	a key year ankanad in line 4 or faults 10 - 40 - 11	امما		.1 *			
2 If th	te tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return I Fina	ıl retur	П		
L	Change in accounting period						
2 1611				ı—…	<u> </u>		
	refundable credits See instructions			3a	\$	0.	
	is application is for Form 990-PF, 990-T, 4720, or 6069,			l		^	
	mated tax payments made. Include any prior year overp			3b	\$	<u> </u>	
	ance due. Subtract line 3b from line 3a Include your pa	-				^	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
	If you are going to make an electronic fund withdrawal v		orm 8868, see Form 8453-EO and Form	8879-			
LHA F	or Paperwork Reduction Act Notice, see Instructions	3.			Form 8868 (Re	av. 1-2011)	

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