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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

A	For the 2	ors calend	dar year, or tax yea	r beginning Jul 1	, 2013, all	u enumg	Jun	30	, 20		
В	Check if app	licable	C Name of organization	SEVEN STAGES, INC.				D Employe	r Identification	n Number	
	Addres	s change	Doing Business As			_			372363		
	Name	change	Number and street (o	r P O box if mail is not delivered to street ad-	dress)	Room/su	te	E Telephon	e number		
	Initial n	eturn	1105 EUCLID	AVENUE				(404) 522-(911	
	Termin	ated	City or town state or	province, country and ZIP or foreign postal of	ode						
	Amend	ed return	ATLANTA		GA 3	0307-1	925	G Gross red	ceipts \$ 4	58,944.	
	Applica	ition pending	F Name and address of	principal officer				group return f	or subordinate	s? Yes	XNo
	<u> </u>	. •	Delbert Hamilton 1	105 Euclid Ave Atlanta	a GA 3	0307	(b) Are all	subordinates in	ncluded? ee instructions)	Yes	No
	Tax-exer	npt status		01(c) () (insert no)	4947(a)(1) or	527	11 140, 1	allacii a iisi (si	88 IIIS44C0OIIS,		
J	Websit		W.7STAGES.OR			Н	(c) Group	exemption num	nber -		
ĸ		rganization	1	ust Association Other	L Year	of formation	1980) M st	ate of legal dor	nicile GA	
		Summar									
<u> </u>	1 Bn			mission or most significant activiti	es. NONPI	ROFIT SI	PONSOR	OF PERFO	RMING AR	TS ACTIV	ITIES
	į.	on, 0000n	, o a , o o . ga					11-12-12-1			
5											. – – –
Governance											
Ş	2 Ch	eck this bo	x > if the organ	nization discontinued its operation	s or disposed o	ariore Ut	h #594 8	fits net ass	sets.		
ଞ	3 Nu	mber of vo	ting members of the	governing body (Part VI, line 1a)	1 2		V L		3		10
প্ত				mbers of the governing body (Par		· • • -			4		10
Ę.				yed in calendar year 2013 (Part V	ل، ا (line 2a	AN 27	2015	- 121	5	*	33
Activities &	1			ate if necessary)		•	•		6		<u> 300</u>
¥				from Part VIII, column (C), line 12			1 10		7a		<u> </u>
	b Ne	t unrelated	business taxable inc	come from Form 990-T, line 34					7b		
					E -		Р	rior Year		Current Ye	
e	I .		and grants (Part VIII	•			 _	297,60		245,	
Revenue	1	•	•	I, line 2g)				95,9			250.
Re				mn (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11					17.	126	48.
_	l .			gh 11 (must equal Part VIII, colum				106,54 500,50		136, 458,	
				Part IX, column (A), lines 1-3)		·		300,30	0.	430,	
	1			art IX, column (A), line 4)					0.		<u>0.</u>
		•	•					200 0			
es	15 Sal		•	ployee benefits (Part IX, column (•		ļ	299,0		228,	
£13	16a Pro		-	(),		• • •	ļ		0.		<u>0.</u>
Expenses	b Tot	al fundrais	ing expenses (Part I)	X, column (D), line 25) ►	16,	899.					
ш	17 Oth	ner expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)				329,9	72.	310,	801.
	18 Tot	al expense	es Add lines 13-17 (r	must equal Part IX, column (A), lin	ne 25)			628,9	79.	539,	141.
	19 Re	venue less	expenses Subtract	line 18 from line 12				-128,4	75.	-80,	197.
18 D							Beginnir	ng of Current	Year	End of Yea	ır
Sala Bala	20 Tot	al assets (Part X, line 16)				1	,104,05	50.	985,	404.
Net As	21 Tot	al liabilities	(Part X, line 26)					239,08		200,	
zΞ	22 Net	assets or	fund balances. Subti	ract line 21 from line 20				864,96	67.	784,	770.
Pa	rt II	Signatur	e Block								
				ils return, including accompanying schedules and information of which preparer has a	and statements, and	to the best of	f my knowl	edge and belie	f, it is true, con	ect. and	
cowt	olete Declara	tion of pregare	er (other than officer) is basi	ed de all information of which preparer has a	ny knowledge				_		
			2					12-18	-14		
Sig	an n	Signatur	re of officer		^		Da	te			
He	re	▶ ₩	lack Itea	dnch Mana	inim R	lires	6				
_		Type or	print name and title	11 11	7				· · · · · · · · · · · · · · · · · · ·		
		Print/Type p	reparer's name	Preparer signature 1	- Da	ate		Check	if PTIN		
Pa	id	Clifto	n Harrison	Clifton Harriso	on 1	2/18/1	4	self-employed	P01	243245	
Pre	eparer	Firm's name		HARRISON, CPA, P C							
	e Only	Firm's addre		NT VERNON ROAD, STE				Firm s EIN 🟲	03-042	7561	
			ATLANTA		GA 30338			Phone no		04-1314	1
May	the iRS	discuss this		arer shown above? (see instruction					· · · · x	Yes	No
				e. see the separate instructions		TEEA	2101 11/04	0/47		Form 990	



Form 990 (2013)	SEVEN STAGES, INC.		58-1	.372363 Page 2
Partill Stat	ement of Program Service A	ccomplishments		
Checl	k if Schedule O contains a response of	or note to any line in this Part III	 	
1 Briefly descri	be the organization's mission			
NONPROF	IT SPONSOR OF PERFORMI	NG ARTS ACTIVITIES		
2 Did the organ	nization undertake any significant prog	gram services during the year which v	vere not listed on the prior	
Form 990 or				Yes X No
	nbe these new services on Schedule			
•	nization cease conducting, or make si		any program services?	. Yes X No
_	ribe these changes on Schedule O	grimeant changes in now it conducts,	any program services.	. 163 MO
· ·	organization's program service accor	naliahmanta far agah of ita throa large	not program convoce, or model	rad by avpanese
Section 5016	c)(3) and 501(c)(4) organizations and otal expenses, and revenue, if any, for	section 4947(a)(1) trusts are required	i to report the amount of grants	and allocations to
4 a (Code) (Expenses \$ 402	, 641. including grants of \$	0.)(Revenue	\$ 77,298.)
SEVEN ST	TAGES, INC. IS A NONPRO		PRODUCES	
	WORKSHOPS AND OTHER PE			
	ERAL PUBLIC.		· 	
ODIN				
				
			·	
				
4 b (Code) (Expenses \$	including grants of \$) (Revenue	\$)
4 c (Code) (Expenses \$	including grants of \$) (Revenue	\$)
		-		
	- 			
			·	-
				
				
	im services (Describe in Schedule O			
(Expenses		ng grants of \$) (Revenue \$)
4 e Total progra	am service expenses 🕨	402,641.		

Pa	rt IV Checklist of Required Schedules		T V 1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
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			*
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	
ĺ	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	<u> </u>
1	f 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	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
I	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 and XII is optional	12 b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
l	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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 (see instructions)	17		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

SEVEN STAGES, INC 58-1372363 Page 4 Part IV Checklist of Required Schedules (continued) Nο ۷۵۹ Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Х 22 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 Х 23 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a 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 Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III Х 27 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) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV . . . Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV Х 28h Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 29 Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. Х 31 31 32 32 Х 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 . X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

BAA

Х

37

38

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

<u> </u>	1 V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. Г
	Check in Contraction Contraction of the Contraction		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
t	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 33			·
t	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
Ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
t	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		l	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	İ	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		5	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	of Yes, did the organization notify the donor of the value of the goods or services provided?	7 b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	- 5		
•	Form 8282?	7 c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		ĺ	
	as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X
_	· · · · · · · · · · · · · · · · · · ·	8		
9	Sponsoring organizations maintaining donor advised funds.			37
	Did the organization make any taxable distributions under section 4966?	9 a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
	Section 501(c)(7) organizations. Enter		1	
	I Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter	l		
	Gross income from members or shareholders		1	
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			_
ā	I Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O	ļ		
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
Ł	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Par		, and	d for	_		
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	n				
	Check if Schedule O contains a response or note to any line in this Part VI			. X		
Sect	tion A. Governing Body and Management					
			Yes	No		
	Enter the number of voting members of the governing body at the end of the tax year					
	Enter the number of voting members included in line 1a, above, who are independent 1b 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee or key employee?	2	X			
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х		
	Did the organization make any significant changes to its governing documents					
	since the prior Form 990 was filed?	4		X		
	Did the organization become aware during the year of a significant diversion of the organization's assets?	- 5 - 6		X		
	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more	_в				
	members of the governing body?	7 a		х		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or other persons other than the governing body?	7 b		Х		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
	The governing body?	8 a	X	<u> </u>		
	Each committee with authority to act on behalf of the governing body?	8 b	Х			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х		
Section B. Policies (This Section B requests information about policies not required by the Internal Revenu						
			Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10 a		Х		
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	L,		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			لـــــا		
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c				
13	Did the organization have a written whistleblower policy?	13		Х		
14	Did the organization have a written document retention and destruction policy?	14		Х		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official	15 a	X			
b	Other officers of key employees of the organization	15 b	X			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		:			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х		
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b				
Sect	tion C. Disclosure			<u> </u>		
	List the states with which a copy of this Form 990 is required to be filed Georgia					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available.					
19	Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available.	le to				
	the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization					
			522-	0236		
				2012		

Form 990 (2013) SEVEN STAGES, I									58-1372	
Part VII Compensation of Officers Independent Contractors	s, Direct	tors,	Tru	ıste	es,	Key	En	nployees, Highes	t Compensated I	Employees, and
Check if Schedule O contains a re		r note	to ar	nv lir	ne in	this F	art \	VII		
Section A. Officers, Directors, Tru				•						
1 a Complete this table for all persons required organization's tax year			_						 	
 List all of the organization's current offic compensation Enter -0- in columns (D), (E), ai 								uals or organizations),	regardless of amount	of
 List all of the organization's current key 			•					•	•	
 List the organization's five current higher who received reportable compensation (Box 5 organization and any related organizations 	est comper of Form V	sated V-2 and	emp d/or	oloye Box	ees (7 of	other Form	than 109	n an officer, director, tru 19-MISC) of more than	istee, or key employee \$100,000 from the	e)
 List all of the organization's former office of reportable compensation from the organization 							mpe	ensated employees who	o received more than \$	\$100,000
 List all of the organization's former directorganization, more than \$10,000 of reportable 										
List persons in the following order individual tremployees, and former such persons	rustees or	directo	ors, II	nstit	utior	nal trus	stee	s, officers, key employe	ees, highest compensa	ated
Check this box if neither the organization r	or any rela	ated o	rgan	ızatı	on c	ompe	nsat	ed any current officer,	director, or trustee	,
		(C)								
(A) Name and Title	(B) Average hours per	officer and a director/trustee) Reportable Reportable compensation from compens.					(E) Reportable compensation from	(F) Estimated amount of other		
	week (list any hours for related organizations below dotted line) Officer Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) GREGORY PIERCE	4.00							·		
CHAIRPERSON		Х						0.	0.	0.
(2) PAM BENSON	3.00									
VICE-CHAIR		X						0.	0.	0.
_(3) L NYROBI MOSS	_2.00	,,								2
DIRECTOR	2 00	X		-				0.	0.	0.
(4) SUSAN ROE TREASURER	_ 3 .00	x	i					0.	0.	0.
(5) SARAH MAULDIN	3.00								<u> </u>	·
SECRETARY	- 3.00	x						٥.ا	0.	0.
(6) DELBERT HAMILTON	10.00								•	
ARTISTIC DIRECTOR	1	х		х				7,200.	0.	0.
(7) FAYE ALLEN	10.00									
PRODUCING DIRECTOR		Х		Х				11,300.	0.	0.
(8) ABDJELA KESSLER	1.00									
DIRECTOR		Х	Щ	Ш				0.	0.	0.
(9) SHAADI EMAMI-MARAND	1.00									
DIRECTOR		Х						0.	0.	0.

(10) ANDREW WILSON ______

(11)

(13)______

1.00

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated E				ipensated Emp	loyee	S (continued)					
(A) Name and title	Average hours per week	off	Position (do not check more than one box, unless person is both an officer and a director/frustee)				an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Kcy cmploycc	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)	org: an	om the anization d related anizations
(15)											
(16)										-	
(17)											
(18)											
(19)					-						
(20)							,				
(21)					_						
(22)											
(23)											
(24)											
(25)											
1 b Sub-total			٠.	٠.	٠.		•	18,500.	0.		0.
c Total from continuation sheets to Part VII, Section							•				
d Total (add lines 1b and 1c)								18,500. d more than \$100,0	0. 000 of reportable cor	npensat	0. ti on
from the organization											
3 Did the organization list any former officer, director,					ee,	or hig	hes	st compensated em	ployee		Yes No
on line 1a? If 'Yes,' complete Schedule J for such inc					•					. 3	X
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	an \$150,	०००२	If 'Y	'es' (com	olete	Sct	nedule J for		. 4	X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensat mplete S	ion fr	om a lule .	any i	unre ' suc	lated h per	org rson	anization or individ	lual 	. 5	Х
Section B. Independent Contractors											
 Complete this table for your five highest compensate compensation from the organization. Report comper 	d indepensation fo	nden r the	t cor cale	ntrac	ctors r yea	that ar en	rece	eived more than \$1 with or within the	00,000 ot organization's tax ye	ar	
(A) Name and business addre	ss							(B) Description o			C) ensation
<u></u>											<u> </u>
Total number of independent contractors (including I \$100,000 of compensation from the organization	out not lin	nited	to th	ose	liste	d ab	ove)) who received mo	re than		
ΒΔΔ		TEFA	2400	4444	4/43					F	990 (2013)

Part VIII	Statement of Revenue
-----------	----------------------

		Check if Schedule O contain	ns a respo	nse or note to any lir	e in this Part VIII	<u> </u>	<u> </u>	<u></u>
				:	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1 a	Federated campaigns	. 1a	0.				
Z S		Membership dues						
28	С	Fundraising events	. 1 c					
		Related organizations						
5,≣		Government grants (contributions)			1			
호등		All other contributions with according		70,000.				
탏뜀	T	All other contributions, gifts, grants, a similar amounts not included above		175,346.				
≅ 8	а	Noncash contributions included in line	L	1,3,3,000				
S S	_	Total. Add lines 1a-1f	•	<u></u>	245,346.			
<u> </u>				Business Code	243,340.			
3	2 a	TICKET SALES		900099	40,626.	40,626.	0.	0.
8	b	OTHER REVENUES		900099	36,624.	36,624.	0.	0.
띨	С				30,024.	30,024.		·
줊	d				-			
S	e		-					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f	All other program service rever						
Ž		Total. Add lines 2a-2f			77,250.		- -	
-	3	`			77,230.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 				48.	0.	0.	48.
							<u> </u>	
	5	Royalties						
			(ı) Real	(ii) Personal		\$	······································	
	6 a	Gross rents 1	36,300					
	b	Less rental expenses						
	C	Rental income or (loss) 1	36,300					
	d	Net rental income or (loss)			136,300.	0.	0.	136,300.
	7 a	Gross amount from sales of (i)	Secunties	(II) Other				1
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)		. <u></u>				
EVENUE	8 a	Gross income from fundraising (not including. \$!				
22		See Part IV, line 18		a				
OTHER RE	b	Less direct expenses		b				
ᅙ		Net income or (loss) from fund				ľ		
		Gross income from gaming act See Part IV, line 19	ivities					
	b	Less direct expenses		b				
	С	Net income or (loss) from game	ing activit	es				
		Gross sales of inventory, less and allowances					-	
		Less cost of goods sold						
	С	Net income or (loss) from sales	s of inven					
		Miscellaneous Revenue		Business Code				
- 1	11 a							
	b							
	C		- -					
		All other revenue						
		Total. Add lines 11a-11d						
\blacksquare	12	Total revenue. See instruction	15	· · · · · · · · · · · · · · · · · · ·	<u>458,944.</u>	<u>77,250.</u>	0.	136,348.

	990 (2013) SEVEN STAGES, INC.			58-1372	363 Page 10
	t IX Statement of Functional Expens				
Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res	mplete all columns All of	ther organizations must o	complete column (A)	-1 1
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0.	0		
3	Grants and other assistance to governments, organizations, and individuals outside the	0.	0.		<u>,</u>
	United States See Part IV, lines 15 and 16	0.	0.		
4 5	Benefits paid to or for members	0.	0.		
6	trustees, and key employees	18,500.	18,500.	0.	0
_	in section 4958(c)(3)(B)	0.	0.	0.	0
7 8	Other salaries and wages	187,493.	131,659.	42,634.	13,200
	contributions)	0.	0.	0.	0
9	Other employee benefits	9,206.	6,445.	2,117.	644
10 11	Payroll taxes	13,141.	9,199.	3,022.	920
	Management	0.	0.	0.	0
	Legal	0.	0.	0.	0
c	Accounting	8,000.	0.	8,000.	0
c	Lobbying	0.	0.	0.	0
e	Professional fundraising services See Part IV, line 17 .	0.			0
-	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column	0.	0.	0.	0
•	(A) amount, list line 11g expenses on Schedule O)	12,458.	12,458.	0.	0
13	Office expenses	7,050.	0.	7,050.	0
14	Information technology	0.	0.	0.	0
15	Royalties	840.	840.	0.	0
16	Occupancy	0.	0.	0.	0
17	Travel	14,268.	14,268.	0.	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	12,018.	0.	12,018.	0
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance	84,221.	58,112.	26,109.	0
24	}	17,389.	13,911.	3,478.	0
	Production costs	77,485.	77,355.	130.	_0_
t	PTelephone	5,025.	4,020.	1.005.	0
	Payroll services	2,279.	1,595.	524	160
	Fundraising costs	1,975.	0.	0.	1,975
	Total functional expenses	67,793. 539,141.	54,279.	13,514.	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ignorpassing solicitation (Check here ignorpassing) if following (SOP 98-2 (ASC 958-720))	237,141.	402,641.	119,601.	16,899
BAA		TEEA0110 116			Form 990 /201

		Check if Schedule O contains a response or note to any line in this Part X $\cdot\cdot\cdot\cdot$	· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	82,416.	1	55,608.
	2	Savings and temporary cash investments	30,000.	2	30,000.
	3	Pledges and grants receivable, net	25,164.	3	16,825.
	4	Accounts receivable, net	3,920.	4	5,009.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other 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).		6	
AS	7	Notes and loans receivable, net		7	<u>.</u> .
A S E T S	8	Inventories for sale or use		8	
Ī	9	Prepaid expenses and deferred charges	2,620.	9	2,253.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	27020.		2,23.
	b	Less accumulated depreciation	959,930.	10 c	875,709.
	11	Investments – publicly traded securities	33372331	11	0737703.
	12	Investments – other securities See Part IV, line 11		12	-
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,104,050.	16	985,404.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	105,182.	17	73,693.
	18	Grants payable		18	
	19	Deferred revenue	0.	19	0.
Ŀ	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
LIABILIT	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
-1-1	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	133,901.	25	126,941.
	26	Total liabilities. Add lines 17 through 25	239,083.	26	200,634.
ZHL.		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
A SOUTH S	27	Unrestricted net assets	752,551.	27	699,162.
Ĕ	28	Temporarily restricted net assets	82,416.	28	55,608.
	29	Permanently restricted net assets	30,000.	29	30,000.
OR F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
F DZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	T . T . T . T . T . T . T . T . T . T .	31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32	
B女し女之ひ世の	33	Total net assets or fund balances	864,967.	33	784,770.
Ĕ	34	Total liabilities and net assets/fund balances	1,104,050.	34	985,404.
BA			2,203,030.	• 1	Form 000 (2012)

Forn	1990 (2013) SEVEN STAGES, INC. 58	-137236	53	Page 12
Pai	ttXIta Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	458	8,944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	539	9,141.
3	Revenue less expenses Subtract line 2 from line 1	3	-80	0,197.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	864	4,967.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
_	column (B))	10	784	<u>4,770.</u>
Pa	t'XIII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			🗌
			Y	'es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		- 家海堂	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
	in Schedule O			gk :
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	ì		
	Separate basis Consolidated basis Both consolidated and separate basis			
	Were the organization's financial statements audited by an independent accountant?		2 b	х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		13.4	
	basis, consolidated basis, or both			
	X Separate basis			أنشأ نثثأ
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	lit, • • • • •	2 c	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. За	х
ı	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	ıudıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
DAA			Form 0	00 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

SEVE	:N	STAGES, INC.							[58-1 <i>3</i>	372363	_		
Part		Reason for Publ	ic Charity Status	(All organizations i	must co	omplet	e this p	art) S	ee ınst	ruction	S		
The or	gan	ization is not a private	foundation because it	is (For lines 1 through	11, checl	conly or	ne box)						
1	П	A church, convention	of churches or associa	tion of churches describ	ed in sec	ction 17	0(b)(1)(A	۸)(i).					
2	П	A school described in	section 170(b)(1)(A)(i	ii). (Attach Schedule E)									
3				organization described in		170(b)	(1)(A)(iii)).					
4	П	A medical research or	ganization operated in	conjunction with a hosp	ital desci	nbed in	section	170(b)(1	I)(A)(iii)	Enter th	e hospital's		
	ட	name, city, and state		, ,				,	~ ~ ,				
5	П	•		college or university ow	ned or of	perated	by a gov	ernmen	tal unit de	escribed	in section		
6	П	A federal, state, or loc	al government or gove	rnmental unit described	ın sectio	on 170(t)(1)(A)(v	/).					
7	ä	in section 170(b)(1)(A	N)(vi). (Complete Part			governr	mental ur	nit or fro	m the ge	neral pu	blic describ	ed	
8	Ш	A community trust des	cribed in section 170(b)(1)(A)(vi). (Complete	Part II)								
9	ш	from activities related investment income an	to its exempt functions	ore than 33-1/3% of its — subject to certain exc axable income (less sec iplete Part III)	ceptions.	and (2)	no more	than 33	-1/3% of	its supp	ort from ard	ss	
10	Ш.	An organization organ	zed and operated exc	lusively to test for public	safety S	See sec	tion 509	(a)(4).					
11	ш	more publicly supporte	ed organizations descri supporting organization	lusively for the benefit of the distribution in section 509(a)(1) and complete lines 116	or sections of through	on 509(a i 11h		sectio	n 509(a)	(3). Che		hat	~d
е		By checking this box, I	Life organia	zation is not controlled d an one or more publicly	lirectly or	ındırect	ly by one	e or mor	e disqual	lified per	sons	iegraie	cu
f		If the organization rece	eived a written determi	nation from the IRS that	ıs a Typ	e I, Type	e II or Ty	pe III su	pporting	organiza	ation,		П
g				accepted any gift or co		from a	nv of the	followin	a person	15?			_
9		5, 55 . kagasi 255 .	,	acception any gift of to			,		9 00.00.			Yes	No
				rols, either alone or toge orted organization?		n person 		oed in (ii) and (III)		11g (i)		
		(ii) A family membe	r of a person described	d ın (ı) above?							. 11 g (ii)		
		(iii) A 35% controlled	d entity of a person de	scribed in (i) or (ii) above	e?						11 g (iii)		_
h		• •		upported organization(s							1		
	_	(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organiza column (I) your gov docum	ation in Isted in verning	(v) Did you the organiz column (i) suppo	zation in of your	(vi) Is organiza colum organized U S	ition in n (i) f in the	(VII) Amount sup		etary
					Yes	No	Yes	No	Yes	No			
(A)						!							
. 7					 	<u> </u>							
(B)													
(C)													
(D)													
(E)													
Total											-		
			1		1	i	1	ı	, 1	ı			

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	1				-	,	
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	327,348.	244,262.	634,913.	297,669.	245,346.	1,749,538.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge						,	
4	Total. Add lines 1 through 3	327,348.	244,262.	634,913.	297,669.	245,346.	1,749,538.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4						1,749,538.	
<u>Sec</u>	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·				
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	327,348.	244,262.	634,913.	297,669.	245,346.	1,749,538.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	111,051.	123,268.	98,795.	106,862.	136,300.	576,276.	
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)	95,686.	66,567.	57,102.	95,973.	77,298.	392,626.	
11	Total support. Add lines 7 through 10						2,718,440.	
12	Gross receipts from related activities	es, etc (see instruc	tions)			12		
13	First five years. If the Form 990 is organization, check this box and st	for the organization	on's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)		
Sec	tion C. Computation of Pul	blic Support P	ercentage					
14	• • • •		-				64.36 %	
15								
16 a	16 a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33-1/3% support test — 2012. If the and stop here. The organization of	ne organization did Jualifies as a public	not check a box of ty supported organ	n line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, chec	k this box	
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part IV hov	% v ▶ □	
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-organization meets'	eets the 'facts-and- circumstances' test	circumstances' tes The organization	t, check this box a qualifies as a pub	nd stop here. Exp licly supported org	laın in Part IV hov anızatıon	v the	
18	Private foundation. If the organiz	ation did not check	a box on line 13, 1	16a, 16b, 17a, or 1	7b, check this box	and see instructi	ons ▶ 📋	
RΔΔ			•		Sch	edule A /Form 00	00 or 990-EZ) 2013	

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)

	tion A. Public Support						
Calen 1	dar year (or fiscal yr beginning ın) Gifts, grants, contributions and membership fees received (Do not include	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2	any 'unusual grants')						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-			
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6)				* * *		
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b					<u> </u>	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)						
	First five years. If the Form 990 is organization, check this box and s	top here	· · · · · · · · · · · · · · · · · · ·		tax year as a secti		
	tion C. Computation of Pu				-		
	Public support percentage for 201		•				
	Public support percentage from 20					16	8
	tion D. Computation of Inv					1	
	Investment income percentage for	•	•	•	• •	<u> </u>	
18	Investment income percentage fro		·				<u> </u>
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the control of t	his box and stop h	ere. The organizat	ion qualifies as a	publicly supported o	organization	▶ │
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%, if	check this box and	stop here. The or	ganızatıon qualifie	s as a publicly sup	ported organizat	3%, and tion ▶ ☐
20	Private foundation. If the organiz	ation did not check	a box on line 14,				►

Schedule A (Foliti 990 6) 990-EZ) 2013 SEVEN STAGES, INC. 58-13723	63 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions).	17a
Pt_II_Line_10: Description: Ticket_sales	
Pt_II_Line_10:_2009:_66932	
Pt_II_Line_10:_2010:_43419	
Pt_II_Line_10:_2011:_43639	
Pt_II_Line_10: _2012: _65459	
Pt_II_Line_10: 2013: 37051.	
Pt II Line 10: Description: Education program	
Pt_II_Line_10: 2009: 23491.	
Pt_II_Line_10: 2010: 11586.	
Pt II Line 10: 2011: 8625.	
Pt II Line 10: 2012: 6325.	
Pt II Line 10: 2013: 5850.	
Pt II Line 10: Description: Internet box office	
Pt II Line 10: 2009: 4103.	
Pt_II_Line_10: 2010: 3358.	
Pt II Line 10: 2011: 2365.	
Pt II Line 10: 2012: 16500.	
Pt II Line 10: 2013: 11860.	
Pt II Line 10: Description: Art commission	
Pt II Line 10: 2009: 0.	
Pt_II_Line_10: 2010: 43.	
Pt II Line 10: 2011: 20.	
Pt_II_Line_10: 2012: 275.	
Pt_II_Line_10: 2013: 0.	
Pt II Line 10: Description: Other	
Pt_II_Line_10: 2009: 1160.	
Pt_II_Line_10: 2010: 8161.	
See Schedule A (Form 99) or 990F7) - Part IV - Supplemental Information (Continuation Sheet)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

rm990. Open to Public Inspection
Employer identification number

OMB No 1545-0047

2013

SEV	EN STAGES, INC.				58-1372363	
Pai		Advised Funds or O ed 'Yes' to Form 990,	ther Similar Fu Part IV, line 6.	nds or Ac		
		(a) Donor advised	funds .	(b) F	unds and other accoun	ts
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 ac are the organization's property, subject to the organization	dvisors in writing that the as nization's exclusive legal co	sets held in donor a	dvised funds	· · · · Yes	☐ No
6	Did the organization inform all grantees, donors, ar for charitable purposes and not for the benefit of th impermissible private benefit?	nd donor advisors in writing e donor or donor advisor, o 	that grant funds car r for any other purpo	n be used only ose conferring	, 	No
Par	Conservation Easements. Complete if the organization answer	ed 'Yes' to Form 990.	Part IV. line 7			· · ·
1	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (e.g., recrea	ation or education)	Preservation o	f an historical	ly important land area	
	Protection of natural habitat		Preservation of	f a certified h	stonc structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation	contribution in the fo	orm of a conse	ervation easement on th	ne
	last day of the tax year					
	Total analysis of assessments				deld at the End of the	Tax Year
	Total number of conservation easements					
	Total acreage restricted by conservation easement					
	Number of conservation easements on a certified h		` *	. 2c		
•	Number of conservation easements included in (c) structure listed in the National Register					
3	Number of conservation easements modified, trans tax year ►	sferred, released, extinguish	ed, or terminated by	y the organiza	ition during the	
4	Number of states where property subject to conser	vation easement is located		_		
5	Does the organization have a written policy regards and enforcement of the conservation easements it	•	•		1 112	No
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing cor	servation easement	ts during the y	vear ear	
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conserv	ation easements du	nng the year		
8	Does each conservation easement reported on line and section $170(h)(4)(B)(II)$?	2(d) above satisfy the requ	irements of section	170(h)(4)(B)(ı) Yes	No
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to the conservation easements	conservation easements in organization's financial stat	its revenue and expe ements that describ	ense stateme es the organi	nt, and balance sheet, a zation's accounting for	and
Par		tions of Art, Historica ed 'Yes' to Form 990,	al Treasures, or Part IV, line 8	r Other Sir	nilar Assets.	
1 6	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial si	I for public exhibition, educa	ation, or research in			
١	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for following amounts relating to these items					
	(i) Revenues included in Form 990, Part VIII, line				·	
	(ii) Assets included in Form 990, Part X $\cdot\cdot\cdot\cdot$					
	If the organization received or held works of art, his amounts required to be reported under SFAS 116 ((ASC 958) relating to these	items		_	
	Revenues included in Form 990, Part VIII, line 1 .				· 	
1	Assets included in Form 990, Part X				▶ \$	

	N SIAGES, I			30-13/			1 age 2
Part III Organizations Mainta	ining Collect	ons of Art, Hist	orical Treasures, o	r Other Similar Ass	sets (co	ontınu	ied)
 Using the organization's acquisition items (check all that apply) 	n, accession, and	other records, check	any of the following that	are a significant use of it	s collecti	on	
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other	·				
c Preservation for future general	tions	_					
Provide a description of the organia Part XIII	zation's collection	s and explain how the	ey further the organizatio	n's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather than	on solicit or receiv n to be maintaine	e donations of art, his	storical treasures, or othe	er sımılar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an a				wered 'Yes' to Form	990, P	'art IV	1
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian, or c	ther intermediary for	contributions or other as	sets not included	Yes	Г	
b If 'Yes,' explain the arrangement in							
					Amount		
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an am					Yes	L	_ No
b If 'Yes,' explain the arrangement in	Part XIII Check	here if the explantion	has been provided in Pa	ırt XIII		[
Part V Endowment Funds. C	omplete if the	organization ans	wered 'Yes' to Form	n 990. Part IV. line 1	0		
	(a) Current year				- T	our years	back
1 a Beginning of year balance		, ,	1 ' '	1	1		
b Contributions					1		
c Net investment earnings, gains, and losses							
d Grants or scholarships	- 	-			+		
Other expenditures for facilities and programs		-	-		1		
f Administrative expenses				- 	+		
g End of year balance				 	+		
2 Provide the estimated percentage	of the current yea	r and halance (line 1	r column (a)) held as		.'		
a Board designated or quasi-endown	•	end balance (line i	g, column (a)) nelu as				
b Permanent endowment ►		•					
		o_					
c Temporarily restricted endowment	-	-1.4000/					
The percentages in lines 2a, 2b, ar	·						
3 a Are there endowment funds not in a organization by	the possession of	the organization tha	t are held and administer	ed for the	Г	Yes	No
(i) unrelated organizations					. 3a(i)	103	110
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations					3b		\vdash
4 Describe in Part XIII the intended u		-			. 30		L
		zation's endowment i	unus				
Part VI Land, Buildings, and Complete if the organiz		ed 'Yes' to Form 9	990. Part IV line 11	a See Form 990 Pa	art X lir	ne 10	
Description of property		Cost or other basis	(b) Cost or other	· · · · · · · · · · · · · · · · · · ·		Book va	
	(a)	(investment)	basis (other)	(c) Accumulated depreciation	(4)	JUUN VA	iuc
1 a Land			0.				0.
b Buildings			350,000.	239,167.		110	,833.
c Leasehold improvements			1,349,065.	812,186.			879.
d Equipment			381,793.	157,665.			,128.
e Other			45,827.	41,958.			,869.
Total. Add lines 1a through 1e (Column	(d) must equal F	orm 990, Part X, colu					,709.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

Schedule D (Form 990) 2013 SEVEN STAGES, INC.	58-1372363	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements	1	458,944.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	* *;	
b Donated services and use of facilities	 - <u>-</u> -	
c Recovenes of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	458,944.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.4.	430,344.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)	—	
c Add lines 4a and 4b		
	<u> </u>	150 011
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		458,944.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements	. 1	539,141.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII)	<u> </u>	
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	3	539,141.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)	—[<u>``</u>	
c Add lines 4a and 4b	· . 4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	539,141.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, ine 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information	
	- <i></i>	

Schedule D	(Form 990) 2013	SEVEN	STAGES,	INC.				58-1372363	Page 5
Part XIII	Form 990) 2013 Supplemental	Informa	ation (cont	inued)			_		
									-
									 -
		-							
									
- -									
									
									
							 -		
									-
			-						

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

OMB No 1545-0047

Name of the organization	Employer identification number
SEVEN STAGES, INC.	58-1372363
Pt VI, Line 8aminutes_are_prepared for board_meetings	
Pt VI, Line 8b minutes are prepared for committee meetings	
Pt VI, Line 15a we use comparative data from other organizations	
Pt_VI, Line 11breviewed_by_accountant_with_finance_director_and	president
Pt VI, Line 19 Upon request	
Pt VI, Line 2 Two directors are married	
Pt VI, Line 15b we use comparative data from other organizations	
~	

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)
Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (Continuation Sheet)

Pt II Line 10: 2011: 2453.

Pt II Line 10: 2012: 7414.

Pt II Line 10: 2013: 22537.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Printing	0.	0.	0.	0.
Utilities	36,551.	29,241.	7,310.	0.
Property tax	2,125.	1,593.	532.	0.
Dues and subscription	1,169.	876.	293.	0.
Box office fees	5,189.	5,189.	0.	0.
Supplies	1,299.	221.	1,078.	0.
Postage and shipping	358.	0.	358.	0.
Repairs n maintenance	16,688.	13,186.	3,502.	0.
Bank Charges	4,414.	3,973.	441.	0.

Supporting Statement of:

Sch. A, page 2/Line 8-1

Description	Amount
Rent	109,620.
Interest	1,431.

Total _____111,051.