(Rev January 2020)

Department of the Treasury Internal Revenue Service

EXTENDED TO APRIL 15, 2021

OMB No 1545-0047

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning JUN 1, 2019 and ending	MAY 31, 2020		9	
B c	heck if	C Name of organization	D Employer identification	ation number	4	
а	pplicabl	ROSE BLUMKIN PERFORMING ARTS CENTER			9	
	Addre chang	FOUNDATION			Ç	
	Name	Do not have a second	36-396432	20		
\Box	Initial	Number and street (or P O box if mail is not delivered to street address) Room/sur			ـــ	
$\overline{\Box}$	Final	2001 FARNAM CO		402.345.4849		
	termin ated		G Gross receipts \$	17		
	Amen			G Gross receipts \$ 1,097,447. H(a) Is this a group return		
	Applic		for subordinates?		70	
	pendi		H(b) Are all subordinates inc			
1 1	ax-ex		7 71	st (see instructions)		
$\overline{}$		te: > WWW.ROSETHEATER.ORG	H(c) Group exemption			
			ar of formation: 1994 M			
	rt I	Summary				
		Briefly describe the organization's mission or most significant activities THE ORGAN	IZATION'S MIS	SION IS TO		
Governance	'	SUPPORT THE OMAHA THEATER COMPANY FOR YOUNG P				
па	2	Check this box if the organization discontinued its operations or disposed of mo		ets		
Š	l	Number of voting members of the governing body (Part VI, line 1a)	3	6		
Ğ	l	Number of independent voting members of the governing body (Part VI, line 1b)	4	6		
S.	1	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0		
Activities	l	Total number of volunteers (estimate if necessary)	6	0		
Ę	l	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
ď	1	Net unrelated business taxable income from Form 990-T, line 39	7b	0.		
		, moo	Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.	0.		
	l	Program service revenue (Part VIII, line 2g)	0.	0.		
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	501,740.	179,445.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	290,000.	290,000.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	791,740.	469,445.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.		
Se		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)				
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,728,560.	1,760,964.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,728,560.	1,760,964.		
		Revenue less expenses Subtract line 18 from line 12 RECEIVED	-936,820.	-1,291,519.		
Ses			Beginning of Current Year	End of Year		
et Assets or nd Balances	20	Total assets (Part X, line 16)	28,937,051.	27,017,168.		
ASS d-Bs	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 31 from the 80	51,690.	480,744.		
<u> </u>	22	Net assets or fund balances Subtract line 21 from line 20	28,885,361.	26,536,424.		
Pa	irt II	Signature Block OGDEN, UT		20/00/1211		
Und	er pena	Ities of perpoy, I per the that I have examined this return, including accompanying schedules and state	ements, and to the best of my	knowledge and belief, it is		
		t, and complete Deceration of preparer (other than officer) is based on all information of which prepar	· · · · · · · · · · · · · · · · · · ·	,		
			1/5/21			
Sıgı	1	Singapre A officer	Date			
Her		RICK PUTNAM, VICE PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Paid			12/25/20 If self employed	P00283478		
	arer	Firm's name HANCOCK & DANA PC		7-0710889		
	Only	Firm's address 12829 WEST DODGE ROAD #100				
	-	OMAHA, NE 68154	Phone no. 4 0 2	-391-1065		
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No		
0220	11 01 2	19 1 HA For Panerwork Reduction Act Notice see the congrete instructions		Form 990 (2010)		

	n 990 (2019) FOUNDATION	<u> 36-39643</u>	<u> 320 </u>	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission THE PRIMARY MISSION IS TO SUPPORT THE OMAHA THEATER COMP PEOPLE.	ANY FOR	YOUN	IG
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 [X No
	If "Yes," describe these new services on Schedule O	_	Yes [₹
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	<u> </u>		_A_ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	-		nd
4-	revenue, if any, for each program service reported (Code) (Expenses \$1, 400, 844. including grants of \$) (Revenu			
4a	(Code)(Expenses \$1, 400, 844. including grants of \$) (Revenu PROVIDE SUPPORT FOR THE OMAHA THEATER COMPANY FOR YOUNG)
	TROVIDU DOLLOKI TOK THE OHIMI IMENTER COMPANI TOK TOOKS	T DOI DD.		
				
			-	
4b	(Code) (Expenses \$) (Revenue	e \$)
				
		<u> </u>		
4c	(Code) (Expenses \$. \$		
	/ (Neverture of the control of the c	9 \$		
				<u> </u>
4d	Other program services (Describe on Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)		
4e_	Total program service expenses ► 1,400,844.			
		ļ	Form 99	0 (2019)

36-3964320 Page 3

Part IV Checklist of Required Schedules

3 Out the organization engage in direct or indirect political facing place of the organization organization organization of the organization		•		Yes	No
2 1 st be organization required to complete Schedule 8, Schedule of Contribution? 3 Did the organization engage in inderect or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "1"96," complete Schedule C, Part II 5 Section 50 f(c)[3] organizations. Did the organization engage in lobbying activities, or have a section 501(iii) election in effect during the tax year? If "196," complete Schedule C, Part II 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 Reviewe Procedure 98.97 If "196," complete Schedule C, Part III 6 Did the organization animal an any otions advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If "I'ves," complete Schedule D, Part II 7 Did the organization manufact or investment and accounts an account stort which denotes the environment, hatonic land areas, or hattors canturers? If "Yes," complete Schedule D, Part II 8 Did the organization manufact and part and par	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Out the organization engage in direct or indirect political facing place of the organization organization organization of the organization		If "Yes," complete Schedule A	1	Х	
section 501(R) agraphications. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II and the organization as action 501(c)(3), 501(c)(5), 501(c)(6), 50	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
4 Section \$01(c)(3) organizations. Did the organization engage in bobying activities, or have a section \$01(p) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II is the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure \$8.197 If 'Yes,' complete Schedule C, Part II is Did the organization maintain any donor advected funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II is Did the organization received in Orbid a Conservation assessment, including assements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II is Did the organization report an amount in Part X, line 21, for section or custodeal account liability, serve as a custodian for amounts not listed in Part X, or provide circlit counseling, diet management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV is Did the organization amounts for through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part IV is 11 the organization assets or any of the following questions is 'Yes,' then complete Schedule D, Part IV is 11 three organization is anown to may of the following questions is 'Yes,' then complete Schedule D, Part IV is 11 three organizations assets in any of the following questions is 'Yes,' then complete Schedule D, Part IV is 11 three organizations are port an amount for investments - program related 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 IV is 10 the organization organization export an amount for other labilities 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 IV is 10 the organization separate, independent audited financial statements for the tax ye	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
dump the tax year 0" "Yes," complete Schedule C, Part II 15 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 98 197 II" "Yes," complete Schedule C, Part III 16 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? II" "Yes," complete Schedule D, Part II 17 Did the organization receive or hold a conservation easiment, including easiments to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 18 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 19 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dieth management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for land, buildings, and equipment in Part X, line 19. If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for revestments - other securities in Part X, line 19. If "Yes," complete Schedule D, Part XI 11 Did the organization report an amount for other liabilities in Part X, line 19. If "Yes," complete Schedule D, Part XI 11 Did the organization report an amount for other liabilities in Part X, line 19. If "Yes," complete Schedule D, Part XI 12 Did the organization report an amount for other liabilities in Part X, line 19. If "Yes," complete Schedule D, Part XI 13 Did the organization separate in amount for other liabilities in Part X,		public office? If "Yes," complete Schedule C, Part I	3_		X
5 is the organization a section SOI (c)(8), of SOI (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 197 if "Yes," complete Schedule C, Part III and 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II and the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II and the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II and the environment, historic land areas, or historic area and the environment, historic land areas, or historic area and the environment, historic land areas, or historic area and the environment, historic land areas, or historic area and the environment, historic land areas, or historic area and the environment, historic land areas, or historic area and the environment, historic land area, or historic area and the environment, historic land area, or historic area and the environment, historic land area, or historic area and the environment, and the environment area and the environment, and the environment a	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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6 but 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 Did the organization receiver or hold a conservation easement, including easements to preserve open space, the environment, historical adreas, or historical treatment, including easements to preserve open space, the environment, historical adreas, or historical treatments, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization 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 Did the organization of restriction or investments or in quasi endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV II If the organization is experted in Part X, inc. 10° If "Yes," complete Schedule D, Part VI II If the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI II Did the organization report an amount for investments - orther 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 VI II	5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
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# "Yes," complete Schedule 0, Part IV Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization is port 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 XIII Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization's is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XIII Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization annohided in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization annohided in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization annohided in consolidated, independent audited financial statements for the tax year? If Yes," complete Schedule F, Parts I and IV Did the organization	9				
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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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
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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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Z 20c X 20b Z 20c Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b		complete Schedule G, Part III	19		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	21				
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		i.	
	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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			1 T
00	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		X
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	"		
O_	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		1
	sections 301 7701-2 and 301 7701-37 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, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b		
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	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	Ì		
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
rai				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		V -	
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		1
·	(gambling) winnings to prize winners?	1c		
	4 of 20 20		aan	(0010)

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	ĺ	_2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ĺ			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	r, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	·R)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		_5c		
6a		n solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	_			·
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		_		v
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	ļ	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7.		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<u>7e</u> 7f	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as r	equired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Foi		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12		-		ľ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter		•		
а	Gross income from members or shareholders 11a				-
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)			-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	ļ	13a		
	Note: See the instructions for additional information the organization must report on Schedule O				-
b	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 13b			-	•
_	Enter the amount of reserves on hand Did the argonization receive any payments for indeer tenning convices during the tay year?		46:		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No." provide as explanation on School 10.00.		14a		<u>X</u>
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	ļ	14b		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		46		X
	If "Yes," see instructions and file Form 4720, Schedule N		15		Λ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
. •	If "Yes," complete Form 4720, Schedule O		-10		- 41
	The state of the s		Form	990	(2019)

Form 990 (2019)

FOUNDATION

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Pane 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0			
ь	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u>-</u>		
3	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	- 6	-	^
, a	more members of the governing body?	7.		х
.	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		^
b	persons other than the governing body?	76		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
-	The governing body?	.	v	
	Each committee with authority to act on behalf of the governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	Λ	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		Λ
	to the second of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		X
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 take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	THE ORGANIZATION - 402.345.4849			
	2001 FARNAM ST, OMAHA, NE 68102			

932006 01-20-20

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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

See instructions for the order in which to list the persons above

Check this box if neither the organization (A)	(B)	Donton						(D)	(E)	(F)	
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)			ıs bot	h an	compensation	compensation	amount of	
	week (list any	-			<u> </u>		, ,	from the	from related organizations	other compensation	
	hours for	direc				2		organization	(W-2/1099-MISC)	from the	
	related	tee or	ıstee			susate		(W-2/1099-MISC)	(organization	
	organizations	Iras	nal tru		oyee	ош био				and related	
	below	Individual trustee or director	institutional trustee	5	Key emptoyee	Highest compensated employee	Former			organizations	
	line)	를	Ins	Officer	ž.	품등	Ē			 	
(1) SUSAN BUFFETT	1.00	ļ							_	_	
PRESIDENT		X		Х				0.	0.	0.	
(2) RICK PUTNAM	1.00	-									
VICE PRESIDENT	 	X		X				0.	0.	0.	
(3) CHRIS BLUMKIN	1.00	ļ								_	
TRUSTEE		X						0.	0.	0.	
(4) TOBY SCHROPP	1.00	ļ								_	
TRUSTEE		Х						0.	0.	0.	
(5) TIFFANY PABEN	1.00	ļ									
TRUSTEE	1 00	Х						0.	0.	0.	
(6) NICKI CLEVELAND	1.00									_	
TRUSTEE		Х				\vdash		0.	0.	0.	
		-									
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	<u>-</u>	_						-			
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		1									

Form 990 (2019)

FOUNDATION

Part VII	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	an	d Hi	ghe	st C	compensated Employe	es (continued)				
	· (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o other	
		(list any hours for related organizations below line)	for ded apply a plan with the control of the contro				organizations (W 2/1099-MIS							
													_	•
			-				_							-
								<u>-</u>						
											-			
							-							
45 0 5	A-A-I								0.					
1b Sub c Tota	rotal al from continuation sheets to Part V	II, Section A						>	0.		0.			0.
	al (add lines 1b and 1c) al number of individuals (including but r	not limited to th	ose	liste	ed al	oove	e) wł	10 re	0 . eceived more than \$100	,000 of reportable	<u>0.</u>			0.
com	pensation from the organization												Yes	0 No
	the organization list any former officer, 1a? If "Yes," complete Schedule J for s		ee, I	кеу є	emp	loye	e, or	hıg	hest compensated emp	loyee on		3		х
	any individual listed on line 1a, is the si related organizations greater than \$15	•		•					•	the organization		4		х
5 Did	any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	unr			dual for services		-		
Section	dered to the organization? If "Yes," com B. Independent Contractors											5		X
	nplete this table for your five highest co organization Report compensation for										pensa	ation f	rom	
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	С	(C omper		n
		•							,					
		•												_
				•••										
								\dashv				<u> </u>		
2 Tota	al number of independent contractors (i	including but n	ot lu	mite	d to	tho	se lis	sted	l above) who received m	ore than			_	
\$10	0,000 of compensation from the organi	zation		····-		()					Form !	990 (2	2019)

Form 990 (2019) FOUNDAT
Part VIII Statement of Revenue FOUNDATION

		Check if Schedule O contains a respon	se or note to any lin	e in this Part VIII			
	-		se of flote to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
(0.40)							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
P S		Membership dues 1b					
A,ts		Fundraising events 1c				_	
를 즐	d	Related organizations 1d					
S E		Government grants (contributions) 1e		٠			, <u>.</u>
iţi.	f	All other contributions, gifts, grants, and					
혈		similar amounts not included above 1f					•
	g	Noncash contributions included in lines 1a-1f 1g \$,
<u>8</u> €	h	Total. Add lines 1a-1f	>				
			Business Code				<u> </u>
9	2 a		_				
و چَ	b						
Suna	c		_				
ev	d		_				
Program Service Revenue	е	·	_				
<u>-</u>	f	All other program service revenue					
	g	Total. Add lines 2a 2f	>				
	3	Investment income (including dividends, int	erest, and				
		other similar amounts)	>	67,447.			67,447.
	4	Income from investment of tax-exempt bon-	d proceeds				
	5	Royalties	>				
		(ı) Real	(ii) Personal				
	6 a	Gross rents 6a 290,000) .				
	b) .				
	С	Rental income or (loss) 6c 290,000) .				
	d	Net rental income or (loss)	•	290,000.	290,000.		
	7 a	Gross amount from sales of (i) Securitie	s (II) Other				
		assets other than inventory 7a 740,000).				'
	b	Less cost or other basis					
ř		and sales expenses 76 628,002					
ver	С	Gain or (loss) 7c 111, 998	3				
her Revenue	d	Net gain or (loss)		111,998.	111,998.		
her	8 a	Gross income from fundraising events (not					
ō		including \$ of				}	
		contributions reported on line 1c) See					
		Part IV, line 18	За			•	Í
	b	Less direct expenses	3b				
}	c	Net income or (loss) from fundraising events	<u> </u>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b	Less direct expenses	Эв				
	С	Net income or (loss) from gaming activities_					
	10 a	Gross sales of inventory, less returns					
		and allowances	0a				-
	b	Less cost of goods sold	Ор				
	С	Net income or (loss) from sales of inventory	•				
s	-		Business Code				
on a	11 a						
ang si	b						
e el	С						 _
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a 11d	>				
	12	Total revenue See instructions	>	469,445.	401,998.	0.	67,447.
93200	9 01-2	0-20					Form 990 (2019)

Form 990 (2019)

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A)	
-	Check if Schedule O contains a respon	ise or note to any line in	this Part IX		
	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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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 accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes				-
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				·
12	Advertising and promotion	2,305.		2,305.	
13	Office expenses				
14	Information technology				
15	Royalties	27 225		27 225	
16	Occupancy	37,325.		37,325.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	- 			
21	Payments to affiliates	1,400,844.	1,400,844.		
22	Depreciation, depletion, and amortization	320,490.	<u> </u>	320,490.	
23	Insurance	320,430.		320,430.	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				•
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,760,964.	1,400,844.	360,120.	0.
26	Joint costs. Complete this line only if the organization			<u></u>	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X | Balance Sheet

36-3964320 Page 11

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year	_	(B) End of year
ļ	1	Cash - non-interest-bearing	256,558.	1_	272,191.
	2	Savings and temporary cash investments		2_	
	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net	<u></u>	7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	32,825.	. 9	36,073.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 12,436,099.			
	b	Less accumulated depreciation 10b 5,431,493.	7,325,096.	10c	7,004,606.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	21,322,572.	12	19,704,298.
	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 33)	<u>28,937,051.</u>	16	27,017,168.
	17	Accounts payable and accrued expenses	51,690.	17	467,462.
	18	Grants payable		18	
	19	Deferred revenue		19	
-	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
<u> </u>		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
۱ -	23	Secured mortgages and notes payable to unrelated third parties		_23	
	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	0.		13,282.
$\overline{}$	26	Total liabilities. Add lines 17 through 25	51,690.	26	480,744.
y		Organizations that follow FASB ASC 958, check here ▶ X			
ğ		and complete lines 27, 28, 32, and 33.	00 005 064		
aja	27	Net assets without donor restrictions	28,885,361.		26,536,424.
d B	28	Net assets with donor restrictions		28	
5		Organizations that do not follow FASB ASC 958, check here			
o		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	00 005 055	31	06 506 101
ž	32	Total net assets or fund balances	28,885,361.	32	26,536,424.
	33	Total liabilities and net assets/fund balances	28,937,051.	33	27,017,168. Form 990 (2019)

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O

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 on Schedule O and describe any steps taken to undergo such audits

За

3b

Х

Act and OMB Circular A-133?

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION 36-3964320 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 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 In 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) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. J Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (n) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document' (described on lines 1 10 organization support (see instructions) support (see instructions) above (see instructions)) OMAHA THEATER COMPANY FOR YOUNG P47-0494912 10 1,400,844 Х 400.844 0. Total

ROSE BLUMKIN PERFORMING ARTS CENTER Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION 36-3964320 Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tøtal 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 Section B. Total Support (c) 20,17 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2018/Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and 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 - 2018 if the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization qualifies as a publicly supported organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2019

32022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION

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Pa	rt III Support Schedule for	Organizations	Described in	Section 509(a)(2)		/
	(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	I to qualify under P	art II If the organ	ization fails to
	qualify under the tests listed b						
Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						1.
	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-						İ
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		···-		/		
ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				/		
	Amounts included on lines 1, 2, and		-		1		
	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	ļ					
_	amount on line 13 for the year Add lines 7a and 7b			/			· · · · · · · · · · · · · · · · · · ·
-			,,_	/			
	Public support. (Subtract line 7c from line 6)	L,,		<i>y</i>	J	L	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(a) 2013	(0) 2010	(6) 2017	(u) 2018	(e) 2019	(i) Iolai
_	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income			 -		<u> </u>	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	/		-			-
	Net income from unrelated business						
••	activities not included in line 10b,	/					
	whether or not the business is						
12	regularly carried on Other income Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI)			 			
	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		<u> </u>
14	First five years. If the Form 990 is fo	r the organization's	first, second, thii	rd, fourth, or fifth ta	ax year as a section	n 501(c)(3) organi	zation,
800	check this box and stop here	io Support Do		····			
	ction C. Computation of Publ				- -		
15	Public support percentage for 2019 (column (f))		15	<u>%</u>
16	Public support percentage from 2018					16	%
	tion D. Computation of Inve						
17	Investment income percentage for 20			ine 13, column (f))		17	<u>%</u>
18	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2019. If the						17 is not
	more than 33 1/3%, check this box a		-		• •		▶
b	33/1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che					-	▶∐
20/	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	▶ □
93202	3 09-25-19				Sche	edule A (Form 99	0 or 990-EZ) 2019

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All:	Supporting	organizations 3
------------	------	------------	-----------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1	х	
2		X
3a		<u>x</u>
	-	•
٠ .	,	- 1
3b		
3c	·	
	′	,,
4a		<u>X</u>
4b		
		,
		٠,
4c	٥	
1		
		-
5a		Х
5b		
5c		
		,
6		X
		- 41
		,
7		<u>X</u>
8		x
	-	.
9a		X
9b		X
9с		<u>X</u>
	,	
_10a		<u>x</u> _
10b		
m 990 or 99	90-EZ)	2019

932025 09-25-19

2b

За

activities but for the organization's involvement

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Sche	dule A (Form 990 or 990 EZ) 2019 FOUNDATION		36	5-396 4 320 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check-here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov 20, 1970 (explain in Pa	art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		:	
	instructions for short tax year or assets held for part of year)	-	, ,	·
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	•	
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		- :	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting organ	nization (see

instructions)

36-3964320 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)_			
6	Other	distributions (describe in Part VI) See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive)	
	(provid	de details in Part VI) See instructions			
9		outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(III) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required explain in Part VI) See instructions			
3	Exces	s distributions carryover, if any, to 2019			-
a	From	2014			
b	From	2015			
С	From	2016	· · · · · · · · · · · · · · · · · ·		
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
ŀ	Carry	over from 2014 not applied (see instructions)			
i	Rema	ınder Subtract lines 3g, 3h, and 3ı from 3f			
4	Distrib	outions for 2019 from Section D,			
	line 7	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	ınder. Subtract lines 4a and 4b from 4			
5	Rema	ining underdistributions for years prior to 2019, if			
	any S	Subtract lines 3g and 4a from line 2 For result greater			
	than z	zero, explain in Part VI. See instructions			
6	Rema	ining underdistributions for 2019 Subtract lines 3h			
	and 4	b from line 1 For result greater than zero, explain in			
	Part V	/I See instructions			
7	Exces	ss distributions carryover to 2020. Add lines 3j		•	
	and 4	С			
8	Break	down of line 7			
а		s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			•
d	Exces	s from 2018	•		-
		s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 FOUNDATION	36-3964320 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, I Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any ac (See instructions)	7a or 17b, Part III, line 12, ines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	<u> </u>	
	·	
		-
<u> </u>		
		•
<u>. </u>		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION

Employer identification number 36-3964320

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	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	ucture included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the oi	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conservation	n easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)((4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	ts that describes the
Da	organization's accounting for conservation easements	f Ant Illiatorical Transcriptor Only	O!!1 AA
Pa	organizations Maintaining Collections o	•	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put		erance of public
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on 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 ga	aın, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

	dule D (Form 990) 2019 FOUNDATI								64320	
Par	t III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tr	easures, c	or Other	r Simila	ar Asse	ts(continu	red)
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the	following that	t make sig	gnificant i	use of its		
	collection items (check all that apply)									
а	Public exhibition	d	ـــــــا ـــــا	oan or exc	hange progra	am				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how the	ey further t	he organizati	on's exem	npt purpo	se in Par	t XIII	
5	During the year, did the organization solicit or	receive donations o	of art, his	torical trea	sures, or oth	er sımılar i	assets			
	to be sold to raise funds rather than to be mail	ntained as part of th	ne organ	ization's co	ollection?				Yes	□ No
Par	t IV Escrow and Custodial Arrang	ements. Comple	te if the	organizatio	n answered	"Yes" on f	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21								
1a	Is the organization an agent, trustee, custodia	n or other intermed	ary for c	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing ta	able						
		·	Ū						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
-	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For	m 990 Part X line	21 for a	scrow or c	ustodial acco	unt liabilit		[Yes	□ No
	If "Yes," explain the arrangement in Part XIII C						у.	L	163	= "
Pai										
<u> </u>	Endownient Funds. Complete in				1			nara baak	(a) Four	aara baali
4-	Decimalization of vices helenge	(a) Current year	(b) Pi	or year	(c) Two year	S Dack	d) Three ye	ears Dack	(e) Four y	ears back
1a	Beginning of year balance								1	
b	Contributions									
С	Net investment earnings, gains, and losses								-	
d	Grants or scholarships		_						1	
е	Other expenditures for facilities	į								
	and programs						<u>_</u>		ļ	
f	Administrative expenses									
g	End of year balance				<u> </u>				L	
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g	g, column (a	a)) held as					
а	Board designated or quasi endowment		_%					•		
b	Permanent endowment	%								
С	Term endowment ▶%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%								
3a	Are there endowment funds not in the possess	sion of the organiza	tion that	t are held a	ind administe	red for the	e organiz	ation		
	by									'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(iı)	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the o	organization's endo	wment fi	unds						
Pai	t VI Land, Buildings, and Equipme					•		-		
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a S	See Form 990), Part X, I	ine 10			
	Description of property	(a) Cost or ot			or other		cumulate	d	(d) Book	value
	- cook property	basis (investm			(other)		reciation	_	(4) 200	
1a	Land					<u>-</u>		-		-
	Buildings	11,930,9	968			4.9	63,58		6,967	. 379
	Leasehold improvements	283,9					83,95		3,301	0.
ر بر	Equipment	221,					83,95		37	,227.
	Other	441	- 				<u>, , , , .</u>		<u> </u>	, 441.
	. Add lines 1a through 1e (Column (d) must eq	ual Form COO Boot	Y colum	n (P) Inc 3	1001				7,004	606
rotal	. Add intes to unough te (Column (a) must eq	uari unii 330, Pan	A, COIUITI	וווופ), וווופ	· · · · · · · · · · · · · · · · · · ·			Sabadula		<u>, 000 .</u>

FOUNDATI	ON
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(b) Book value	(c) Method of valuation Cost or e	nd-of-year market value
I		
2,765,483.	END-OF-YEAR MARKE	T_VALUE
16,938,815.	END-OF-YEAR MARKE	T VALUE
		-
19,704,298		
(b) Book value	(c) Method of valuation Cost or e	nd-of-year market value
		
	· - · · · · · · · · · · · · · · · · · ·	
 		
		
		<u>u= ,,, ,,, , , , , , , , , , , , , , </u>
on Form 000. Bort IV. line 1	1d Con Form 000 Dort V line 15	
	rd See Form 990, Part X, line 15	(b) Book value
300011111111111111111111111111111111111		(b) Book value
		
		
		+
15)		.
		<u> </u>
on Form 990, Part IV, line 1	1e or 11f See Form 990, Part X, line 2	25
·		(b) Book value
		13,282
25)		13,282
	16,938,815. 19,704,298. on Form 990, Part IV, line 1 (b) Book value on Form 990, Part IV, line 1 Description	16,938,815. END-OF-YEAR MARKE 19,704,298. on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (b) Book value (c) Method of valuation Cost or e on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Description e 15) on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 2

932053 10-02-19

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

932054 10-02-19

ROSE BLUMKIN PERFORMING ARTS CENTER | Schedule D (Form 990) 2019 | FOUNDATION | Part XIII | Supplemental Information (continued) FOUNDATION 36-3964320 Page 5

SCHEDULE O

(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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information. ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION

Employer identification number 36-3964320

FORM 990, PART VI, SECTION B, LINE 11B:
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 C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
DADE VII I IND 20
PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
,

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

2019	7.0	Open to rubile	· Inspection
	,	12	۳.

OMB No 1545-0047

ROSE BLUMKIN PERFORMING ARTS CENTER

Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

Parti

Employer identification number 36-3964320

Direct controlling Part II solutification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity

ا ہا		ı	ı		l		ı	
g) 512(b)(13) rolled	No		×					
Section 512(b)(13) controlled entity?	Yes							_
(f) Direct controlling entity								
sta	501(c)(3))		509(A)(2)					
(d) Exempt Code section			501(C)(3)					
(c) Legal domicile (state or foreign country)			NEBRASKA					
(b) Primary activity		THEATRICAL PERFORMANCES AND PERFORMING ARTS						
(a) Name, address, and EIN of related organization		OMAHA THEATER COMPANY FOR YOUNG PEOPLE - 47-0494912, 2001 FARNAM STREET, OMAHA, NE						

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

SEE PART VII FOR CONTINUATIONS

932161 09-10-19 LHA

Schedule R (Form 990) 2019

ROSE BLUMKIN PERFORMING ARTS CENTER FOUNDATION

Schedule R (Form 990) 2019

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

Page 2

36-3964320

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end·of·year assets		(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		al or Perc	(l) (k) General or Percentage managing ownership
Identification of Related Orc	qanizations Taxable	as a Corpo		omplete if th	or Trust. Complete if the organization answered "Yes" on Form 990. Part IV, line 34, because it had one or more related	answered "Y	es.	900 Part	S. J.	because it h	do one or		elated
(a) Name, address, and EIN Primary action Of related organization	orporation or trust during a second s	ng the tax y		(c) Legat domicile (state or foreign country)	(d) Direct controlling entity	ling Type or or t	(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income	<u></u>	(g) Share of end-of-year assets	(h) Percentage ownership	Section Section (1) Sectin (1) Section (1) Section (1) Section (1) Section (1) Section (1)	(I) Section 512(by13) controlled entity?
										·			
932162 09-10-19				28					-	Schec	Schedule R (Form 990) 2019	orm 99	0) 2019

36-3964320 Page 3

Schedule R (Form 990) 2019 FOUNDATION

Part V Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	å
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?	is with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>		•	1a		×
 Gift, grant, or capital contribution to related organization(s) 				16	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				16		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				†	_	×
i Exchange of assets with related organization(s)				†i		×
j Lease of facilities, equipment, or other assets to related organization(s)				į	×	
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			111		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1		×
 Sharing of paid employees with related organization(s) 				10		×
P. Reimbi ircement haid to related organization(e) for expenses				ţ		· >
				2 5	T	*
				2		4
r Other transfer of cash or property to related organization(s)				+		`×
s Other transfer of cash or property from related organization(s)				1s		×
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 related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) OMAHA THEATER COMPANY FOR YOUNG PEOPLE	В	1,110,844.	САЅН			
(2) OMAHA THEATER COMPANY FOR YOUNG PEOPLE	D	290,000.FMV	FMV			
(3) OMAHA THEATER COMPANY FOR YOUNG PEOPLE	В	290,000.FMV	FMV			
(4)						-
. (9)						
(9)						
932163 09-10-19	29		Schedule R (Form 990) 2019	R (Form	(066	2019

FOUNDATION Schedule R (Form 990) 2019 Part VII Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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)	و	(b)	w	(0)	Ą	9	3	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec	0)		Dispropor- tionate	Code V-UBi	U Seneral or	General or Percentage
of entity		(state or foreign country)	excluded from tax under orgs?	total income	end-of-year assets	Yes No	allocations of Schedule K-1 partner ownership (Form 1065) Yes No	partner?	ownership
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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 FOUNDATION	36-3964320 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions	·-·· · ·- ·-
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	· ·
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS);
NAME OF RELATED ORGANIZATION:	
OMAHA THEATER COMPANY FOR YOUNG PEOPLE	
PRIMARY ACTIVITY: THEATRICAL PERFORMANCES AND PERFORMING AF	RTS EDUCATION
CLACGEG EOD CUITIDDEN	
CLASSES FOR CHILDREN	•
	······································
	
	
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