Form 990
(Rev. January 2020)
Department of the Treasury

For the 2010 colonder year

or toy yoor beginning

Extended to November 16, 2020

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.

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



A		e zo is calendar year, or tax year beginning and	enuing	_	
В	Check if applicat	le: C Name of organization		D Employer identific	cation number
	Addr				
	Name	Doing business as		48-09785	08
	Initial returr		Room/suite	E Telephone number	
	Final	200 N. Broadway St		316-263-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,163,739.
	Amer	$\mathbf{WiCHICA, KS 0/202-232/}$		H(a) Is this a group re	eturn
	Appli tion			for subordinates	? Yes X No
	pend	same as C above		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		_{te:} ▶ WWW.Wichitaorpheum.com		H(c) Group exemption	
K	Form o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🚺 Other 🕨	L Year	of formation: 1984 N	State of legal domicile: KS
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: Serv			
Governance		diverse performing arts opportunities in			-
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
Ň	3				15
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			2
Activities &	6	Total number of volunteers (estimate if necessary)			100
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			4,830.
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		257,208.	319,756.
Revenue	9	Program service revenue (Part VIII, line 2g)		996,875.	839,153.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-10,187.	23,476.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,243,896.	0. 1,182,385.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,243,090.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		367,279.	413,137.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0	<u> </u>
0eu	168	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	06	• •	• 0
Ä		5 1 () () () (1,149,913.	976,592.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,517,192.	1,389,729.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-273,296.	-207,344.
L SS	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
t Assets or Id Balances	20	Total assets (Part X, line 16)		3,834,037.	3,630,926.
Asse	20		······	6,340.	10,127.
Net /	- 1	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		3,827,697.	3,620,799.
		Signatura Plack		5,02,,05,1	3,020,,99.

Part II Signature Block

Τ.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Diana Gordon, Presider Type or print name and title	nt	[)ate
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	Jeff Lucke			self-employed P00641098
Preparer	Firm's name 🕨 Lucke & Associat	tes, CPA's, LC	F	irm's EIN ▶ 48-1159211
Use Only	Firm's address 1660 N. Tyler			
	Wichita, KS 6721	12	F	Phone no. (316)721-9020
May the I	RS discuss this return with the preparer shown ab	oove? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.		Form 990 (2019)

See Schedule O for Organization Mission Statement Continuation

	990 (2019) Orpheum Perfo		entre, LTD	48-09	78508 Page 2
Pa	rt III Statement of Program Service Acc	-			
1	Check if Schedule O contains a response or n Briefly describe the organization's mission:				
	Serve our community by pro	viding diver	se performin	ng arts oppo	rtunities
	in a nationally recognized	historic ve	nue.		
2	Did the organization undertake any significant progr				Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule (
3	Did the organization cease conducting, or make sign		t conducts, any progra	m services?	Yes X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomposition 501(c)(3) and 501(c)(4) organizations are red				
	revenue, if any, for each program service reported.				
4a	(Code:) (Expenses \$ 908,21 Serve our community by pro	1 including grants of \$	·) (Revenue \$	857,799.)
	Serve our community by pro	viding diver	se performi	ng arts oppo	rtunities
	in a nationally recognized	. mistoric ve	ilue.		
	-				
		,			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)				
	(Expenses \$ including gran	ts of \$) (Revenue \$)
4e	Total program service expenses	908,211.			
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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 donor-restricted endowments			
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	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	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form	990	(2019)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
C		24c		
ام	any tax-exempt bonds?	240 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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			
	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
b	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			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		L	
•••		34		x
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
D	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?	000		<u> </u>
30		26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		- 11
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	L
1 ai				
	Check if Schedule O contains a response or note to any line in this Part V		 V -	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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	₩			

Form 990	(2019)	Orpheum	Performing	Arts	Centre,	LTD
Part V	Statement	s Regarding Ot	her IRS Filings a	nd Tax (Compliance ((continued)

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a dimination of the frequencies for finite organization have an interest in, or a signature or other authority over, a dimination of the frequencies for finite organization have an interest in, or a signature or other authority over, a dimination of the frequencies for finite organization have annual process receipts that are normally greater than \$100,000, and did the organization solutit any contributions that were not tax deductible from \$866 - 11 (**s, * idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and partly for goods and services provided to the paro? 7a X bid the organization netwer during the value of the goods or services provided to the paro? 7a X bid the organization netwer during the value of the goods or services provided? 7a X bid the organization netwer during the value of the goods or services provided? 7a X cid the organization netwer during the value of the goods or services provided? 7a X d if 'vss, 'indicate the number of Fo				Yes	No
b It least one is reported on line 2a, did the organization field arrouad federal employment tax returns? 2b X Mote: If the sum of lines 1 and 2a is greater than 250, you may be required to efficise instructions) 3a X 3a Did the organization have unrelated basiness gross income of \$1,000 or more during the year? 3a X 3b If 'Yes, 'institution that warrow and the organization have an interest 1, or a signature or other authorty over, a financial account is a foreign country year. did the organization have an interest 1, or a signature or other authorty over, a financial account (if or foreign Cantry Yes, 'interest 1, or a signature or other authorty over, a financial account (if a foreign Cantry Yes, 'interest 1, or a signature or other authorty over, a financial account (if a foreign Cantry Yes, 'interest 1, or a signature or other authorty over, a financial account (if a foreign Cantry Yes, 'interest 1, or a signature or other authorty over, a financial Accounts (FBAR), Sa X b Was the organization have annual gross receipts that are normally greater than 5100,000, and did the organization solut the very accilitation an express statement that such contributions or gifts were not tax deductible accharable scharable contributions? 6a X b If Yes, 'id the organization have annual gross receipts that are one analy the gross and services provided to the payor 7a 7a X c If Yes, 'id the organization neave any the value of the geodor services provided? 7b 7b c <th>2a</th> <th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,</th> <th></th> <th></th> <th></th>	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2a X 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authomy over, a 4a X 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authomy over, a 4a X 56 Tws, "name of the foreign cauntry b See instructions for filing requirements for FinCPN Form 114, Report of Foreign Bank and Financial Accounts (FEAP), 5a X 56 Did any taxable party notify the organization file transaction at any time during the taxy ear? 5a X 56 Did any taxable party notify the organization file form 8886-17. 5a X 61 Did any taxable party notify the arobibited tax shelter transaction? 5a X 76 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charable contributions? 6a X 77 Tys, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chantable contributions?		filed for the calendar year ending with or within the year covered by this return 2a	2		
3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transcal account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 4b If "ves," inter the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b Was the organization approximation part to a prohibit dat xeheter transaction at any time during the tax yea? 5a X 5b Was the organization in the organization the form 888-17 5a X 5c 5c 5c 5c 5c 5c 5c 5a X 5b X 5c	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
b If "Yes," has it filed a Form 980-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, 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 (such as a bank account securities account; or other financial accounts (FEAR). 5a X 5a Was the organization ap party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6D Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solutit any contributions fhut were not tax deductible is chantable contributions and party for goods and services provided to the party? 7a X 7 Tys," did the organization include with werey solicitation an express statement that such contributions or gifts were not tax deductible is contribution and party for goods and services provided to the party? 7a X 7 Tys," did the organization notify the donor of the value of the goods or services provided? 7a X 11 "ves," idicate the number of Forms 88282 filed during the year? 7d		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other nathority over, a financial account in a foreign country being as bank account, securities account, or other financial accounts? 4a X b If "Yes," enter the name of the foreign country being as bank account, securities account, or other financial Accounts (FBAR). 5a X b Was the organization have short banks thater transaction at any time during the tax year? 5a X b Was the organization have short transaction at any time during the tax year? 5a X c If "Yes," to be a for 5b, did the organization the forem 8869.7 5a X c Desc the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid: any contributions that was not tax deductible form 8869.7 5a X f Organizations that may receive deductible contributions under section 170(c). 10 the organization neity the donor of the value of the goods or services provided 7 7a X f If "Yes," did the organization neity the donor of the value of the organization neity the donor of the value of the organization neity the donor of the value of the organization neity the donor of the value of the organization neity the donor of the value of the organization neity the donor of the value of the organization neity the donor of the value of the organization neity the donor of the value of the organization neity the value of the	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
francial 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. 5a X See instructions for fining requirements for FiniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X So Did any taxable party notify the organization file Form 888617 5c X Ga Does the organization are annual gross receives that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible outributions? 6a X b if 'Yes,' did the organization include with every solication an express statement that such contributions or gifts were not tax deductible? 7a X b if 'Yes,' did the organization notify the donor of the value of the goods or services provided to the payr? 7a X d if 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7d 7d d if 'Yes,' indicate the number of Forms 8282 filed during the year? 7d 7d 7d f id the organization necker any funds, directly or indirectly, to pay preniums on a personal bonefit contract? 7d 7d d if 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7d 7d<	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
b If "Yes," enter the name of the foreign country. See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So Did any taxable party notify the organization file Form 88867? So Did any taxable party notify the organization file Form 88867? So Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor? To Did the organization notify the donor of the value of the goods or services provided? To To Did the organization notify the donor of the value of the goods or services provided? To To Did the organization necess of \$75 made party as a contribution and party for which it was required to the file form 8282? To To Did the organization necess of a state party or a personal benefit contract? To To To Did the organization receive a contribution of qualified intelectual property (or which it was required to the sponsoring organization mate any taxable distributions under sect	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c c Enter the amount of reserves and mader the plans 13b 13c c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,0	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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15 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		
	16		16		x
					_

Form **990** (2019)

932005 01-20-20

14381112 788704 Orpheum

Form 990 (2019)

Orpheum Performing Arts Centre, LTD

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

Х

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

4-	Enter the number of voting members of the gaugening hady at the and of the taxwar	1.10	15		Yes	┝
Ia	Enter the number of voting members of the governing body at the end of the tax year	1a				I
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					I
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			I
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					I
2	officer, director, trustee, or key employee?			2		l
3	Did the organization delegate control over management duties customarily performed by or under th			-		t
U U	of officers, directors, trustees, or key employees to a management company or other person?			3		I
4	Did the organization make any significant changes to its governing documents since the prior Form 9		r	4		t
	Did the organization become aware during the year of a significant diversion of the organization's as			5		t
	Did the organization have members or stockholders?			6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or a					t
	more members of the governing body?	• •		7a		l
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					t
	persons other than the governing body?			7b		l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					t
	The governing body?			8a	Х	I
b	Each committee with authority to act on behalf of the governing body?			8b	Х	J
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					T
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
			_		Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
I1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly before filing the	form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					l
	Did the organization have a written conflict of interest policy? If "No," go to line 13		r	12a	X	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					I
	in Schedule O how this was done			12c	<u>X</u>	ļ
	Did the organization have a written whistleblower policy?			13	X	ļ
	Did the organization have a written document retention and destruction policy?			14	Х	ļ
15	Did the process for determining compensation of the following persons include a review and approva	<i>,</i>	t			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					ļ
	The organization's CEO, Executive Director, or top management official			15a		ļ
	Other officers or key employees of the organization			15b		ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					I
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10		
	taxable entity during the year?			16a		╡
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		ו			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's		101		ł
	exempt status with respect to such arrangements?			16b		1
	tion C. Disclosure					
		nd 000 T (0+!	E01(2)(0)	0.071	\ e: '	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	Ind 990-1 (Section	i ou i (C)(3)	s only) avai	lá
	for public inspection. Indicate how you made these available. Check all that apply.	on Schodula O				
0		on Schedule O)		fine		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onnict of interest	bolicy, and	a mar	icial	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	oke and records				
20	The Organization - 316-263-0884	UNS AND RECORDS				
	200 N Broadway, Wichita, KS 67202					
	ZUU N Broadway, Wichita, KS 6/202					

Part VII	Compensation of C	Officers, Directors	, Trustees,	Key Employees,	Highest Compensated
	Employees, and Inc	dependent Contra	ctors		

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average			(Pos	C) itior	<u>.</u> ו		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ess pe	erson	than is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Richard Campbell Chairman	1.00	x		x				0.	0.	0.
(2) Sharon Fearey	1.00						K			
Vice Chair		x		x				0.	Ο.	0.
(3) Debbie Dunne	1.00									
Secretary		X		Х				0.	0.	0.
(4) Martha Lisner	1.00									
Treasurer		х		X				0.	0.	0.
(5) Allen Bell	1.00								0	•
Imm. Past Chair	1 00	X						0.	0.	0.
(6) Kristin Bayer	1.00	v						0	0	0
Director	1.00	X				<u> </u>		0.	0.	0.
(7) Delmar Klocke Director	1.00	x						0.	0.	0.
(8) Nancy Michaelis	1.00	^				-		0.	0.	0.
Director	1.00	x						0.	0.	0.
(9) Glenn Nilsen	1.00	11				\vdash			0.	.
Director		x						0.	0.	0.
(10) Jaki Scholfield	1.00									
Director		x						0.	Ο.	0.
(11) Jimmy Washington	1.00									
Director		X						0.	0.	0.
(12) Diana K Gordon	40.00									
President		Х						102,000.	0.	0.
						\vdash				
						_				
		-								
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932007 01-20-20

Form **990** (2019)

14381112 788704 Orpheum

	990 (2019)	Orpheum	Perform	ing	g Z	\rt	s	Ce	ent	tre, LTD	48-09	978	508	Pa	age 8
Par	t VII Section A. Officer	s, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	e	one h an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount o other	of						
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa rom the anizati d relate anizatio	e ion ed
						-									
										102.000		0.			
с	Subtotal Total from continuation Total (add lines 1b and		II, Section A							102,000. 0. 102,000.		0.0.			0. 0. 0.
2	Total number of individua compensation from the o	als (including but r		_					no re	eceived more than \$100),000 of reportabl	e		No.	1
3	Did the organization list a line 1a? <i>If "Yes," complet</i>	•			-		-		-		•		3	Yes	No X
4	For any individual listed or and related organizations	on line 1a, is the s s greater than \$15	um of reportab 60,000? <i>If "Yes,</i>	le co " <i>co</i>	ompe mple	ensa ete S	ation Sche	n and edule	d otl e <i>J f</i>	her compensation from for such individual	the organization		4		x
5	Did any person listed on rendered to the organization B. Independent Com	tion? If "Yes," con							elat	ted organization or indiv			5		х
1	Complete this table for ye		ompensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	ipens	ation 1	from	
	the organization. Report	compensation for (A) ame and business					vith	or w	rithir	n the organization's tax (B) Description of s			(0	C) nsatior	
	194			INC	ONE	3				Description of a			ompe	1541101	
2	Total number of independ		, J	not li	mite	d to		se li:)	stec	d above) who received n	nore than				
	\$100,000 of compensation	on nom the organ						<i>.</i>					C e une		2010)

932008 01-20-20

Form **990** (2019)

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (C) <th col<="" th=""><th></th><th></th><th></th><th>orming</th><th>Arts Centre,</th><th>LTD</th><th>48-0978</th><th>508 Page 9</th></th>	<th></th> <th></th> <th></th> <th>orming</th> <th>Arts Centre,</th> <th>LTD</th> <th>48-0978</th> <th>508 Page 9</th>				orming	Arts Centre,	LTD	48-0978	508 Page 9
generalized (a) Total revenue (b) Total revenue (c) Directed function revenue (c) Directed Distributions revenue (c) Directed Distributions revenue (c) Directed Distributions revenue (c) Directed Distributions revenue (c) Directed Distributions revenue (c) Distributions revenue revenue (c) Distributions revenue rev	Pa	rt V							
Total rowow Rester of or search function revenue Prevent & double business revenue Prevent & double business revenue 99000 100000000000000000000000000000000			Check if Schedule O contains a respons	se or note to ar		/ D)	(0)		
generation 1 a Federated campaigns 1 a b Morribueship Duel 1 b c Fundamaing events 1 a d Related organizations 1 a generation 1 a d Related organizations 1 a generation 1 a d Related organizations 1 a generation 1 a generati 1 a						Related or exempt	Unrelated	Revenue excluded	
ge method Event s Business Code 839,153. 839,153. b c	ts	1	a Federated campaigns 1a						
ge method Event s Business Code 839,153. 839,153. b c	iran								
generation Business Code b	s, G		· · · · · · · · · · · · · · · · · · ·						
generation Business Code b	Gift lar J								
generation Business Code b	imi imi		e Government grants (contributions) 1e						
generation Business Code b	er S	1	f All other contributions, gifts, grants, and						
ge method Event s Business Code 839,153. 839,153. b c	ţţ			319,75	<u>.</u>				
ge method Event s Business Code 839,153. 839,153. b c	ontion of C								
generation 2 a Events 711300 839,153 839,153 b	<u>a</u> O		h Total. Add lines 1a-1f						
Sector b c c c c d c c e All other program service revenue c g Total. Add lines 2a.21 839,153. g Total. Add lines 2a.21 c g Total. Add lines 1a.11d d g Total Add lines 1a.11d d g Total.Add lines 1a.11d			Erropta			020 152			
9 Total: Add lines 282? ▶ 839,153. 3 Investment income (including dividends, interest, and other similar amounts). ↓ 4,830. 4 Income from investment of tax exempt bond proceeds ▶ 5 Royatties ● 6 a Gross rents 6a 6 b ● ● 7 a Gross rents 6a 6 a (0) Real (0) Personal 7 a Gross amount from sale of assess other than inventory asses ▶ 7 a Gross amount from sale of assess other than inventory assess other than invent	/ice			- /1130	10 839,153.	639,153.			
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g Total. Add lines 2a 21 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Pro		-	-					
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other similar amounts) 4,830. 4 income from investment of tax-exempt bond proceeds 5 Royaties 6 a Gross rents 6 a Gross rents 6 b (0) Real 0 Personal 6 a Gross rents 6 b (0) Real 0 Rental income or (loss) 6 c (0) Securities 7 a (0) Securities 7 a (0) Securities 7 b Less: cost or other basis and sales expenses 7 b Less cost or other basis and sales expenses 7 b Less cost or (loss) 8 a Gross sincome from fundralsing events (not including \$\$ or 10 a Gross income from gaming activities 9 a Gross income from gaming activities 10 a Gross sale of inventory, less returns and allowances 10 a Gross sale of inventory b Less: cost of goods sold 10 a Gross sales of inventory b Less: cost of goods sold 10 a Gross sales of inventory c Net income or (loss) from gaming act		3							
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8 a Gross rents 6a (i) Real (ii) Personal b Less: rental expenses 6b 6c (iii) Personal c Rental income or (loss) 6c (iii) Other (iii) Personal 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis (iii) Securities (iii) Other y Less: cost or other basis 7a (iii) Securities (iii) Other 7a 7a 7a 7a 7b - 18 , 646 . 7c 18 , 646 . 18 , 646 . Gain or (loss) 7a 7a 7a 7a 7b - 18 , 646 . 7c 18 , 646 . 18 , 646 . 18 , 646 . 8 a Gross income from fundraising events (not including § ort ort 18 , 646 . 18 , 646 . 9 a Gross income from gaming activities. See Part IV, line 18 Ba Ba 9a 9a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 0a 10 a Gross alses of inventory, less returns and allowances 10a 10a 0a 0a 10 a Cross sales of inventory, less returns and allowances 10a 0a 0a 0a		4							
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b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 6c a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b a 7b -18, 646. c Gain or (loss) 7b d Net gain or (loss) 7b a Gross income from fundraising events (not including § or including § or or including § or or a Gross income from fundraising events 9a g Gross income from gaming activities. See 9a Part IV, line 18 8b 9b b Less: circit expenses 9b c Net income or (loss) from gaming activities. See or Part IV, line 18 b or b Less: circit expenses 9b c Net income or (loss) from gaming activities. See or Part IV, line 18 b or b c or or			(i) Real	(ii) Person	nal				
e Rental income or (loss) Bec d Net rental income or (loss) (i) Other assets other than inventory b (ii) Other b Less: cost or other basis and sales expenses Tb 18,646. a Gain or (loss) Tc 18,646. 18,646. B a Gross income from fundralsing events (not including \$ of (cos) of of e Part IV, line 18 Ba Ba b Less: clirect expenses Ba Ba e Net income or (loss) from fundralsing events 9 g Gross income from gaming activities. 9 g Gross income from gaming activities. 9 e Net income or (loss) from gaming activities. 9 g Gross sales of inventory, less returns and allowances 10a b					4				
d Net rental income or (loss) 7 a Gross anount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) e Gross income from fundraising events e Net income or (loss) from fundraising events e Net income or (loss) from gaming activities. See gain gain gain gain gain gain gain gain				+					
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12 Total revenue. See instructions	Ϊ				<u> </u>				
						857 799	4 830	0.	
	93200				► 1102,000.		1 ,000	Form 990 (2019)	

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрензез	general expenses	expenses
•	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				
0	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,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-	F	346,404.	215,629.	130,775.	
7 0	Other salaries and wages Pension plan accruals and contributions (include	510,104.	213,023.		
8					
•	section 401(k) and 403(b) employer contributions)	11,849.		11,849.	
9	Other employee benefits	54,884.	42,790.	12,094.	
0	Payroll taxes	J4,004.	42,190.	12,094.	
1	Fees for services (nonemployees):	63,369.		63,369.	
а	T	05,509.		03,309.	
b		10 012		10 042	
c	9 F	18,042.		18,042.	
d	, , , , , , , , , , , , , , , , , , ,				
е	с с с с с с с с с с с с с с с с с с с				
f	Investment management fees				
g		24 701	22.275		
	column (A) amount, list line 11g expenses on Sch 0.)	24,781.	22,275.		2,506
2	Advertising and promotion	97,090.	97,090.	100 000	
3	Office expenses	108,996.		108,996.	
4	Information technology				
5	Royalties			70 422	
6	Occupancy	78,433.		78,433.	
7	Travel	4,030.		4,030.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 (11		1 (11	
9	Conferences, conventions, and meetings	1,671.		1,671.	
0	Interest	72.		72.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	185,124.	185,124.		
3	Insurance	36,231.	2,193.	34,038.	
4	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.)	1 - 0 - 0 - 0 - 0	1 = 0 = 0 = 0		
а	Event:Event Expenses	159,964.	159,964.		
b	Theatre: Personnel	102,099.	102,099.		
С	Event:Stage Hand	70,020.	70,020.		
d	Rent/Condo/Real Estate	15,643.		15,643.	
е	All other expenses	11,027.	11,027.		
5	Total functional expenses. Add lines 1 through 24e	1,389,729.	908,211.	479,012.	2,506
6	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 if following SOP 98-2 (ASC 958-720)				

14381112 788704 Orpheum

14381112 788704 Orpheum

	3	Pledges and grants receivable, net			571,961.	3	445,102.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former o	officer, director,			
		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se persor	ns		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	d in secti	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
Ϋ́	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,649,639.			
	b	Less: accumulated depreciation	10b	5,649,639. 2,923,208.	2,911,556.	10c	2,726,431.
	11	Investments - publicly traded securities		A		11	
	12	Investments - other securities. See Part IV, line 1			166,470.	12	258,856.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			57,306.	15	82,161.
	16	Total assets. Add lines 1 through 15 (must equa			3,834,037.	16	3,630,926.
	17	Accounts payable and accrued expenses				17	1,835.
	18	Grants payable				18	
Liabilities	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of thes	se persor	ns		22	
-	23	Secured mortgages and notes payable to unrela	ated thirc	l parties	6,340.	23	7,691.
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 1 7-24).	Complete Part X			
		of Schedule D			0.	25	601.
	26				6,340.	26	10,127.
s		Organizations that follow FASB ASC 958, che	ck here				
S		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			3,093,553.	27	2,829,525.
ind Balances	28	Net assets with donor restrictions			734,144.	28	791,274.
		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 🛄			
5		and complete lines 29 through 33.					
ţş	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ec		30			
Net Assets or Fu	31	Retained earnings, endowment, accumulated in				31	
ž	32	Total net assets or fund balances		3,827,697.	32	3,620,799.	
	33	Total liabilities and net assets/fund balances	<u></u>		3,834,037.	33	3,630,926.
							Form 990 (2019)

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

Cash - non-interest-bearing

Savings and temporary cash investments

(B) End of year

118,296.

(A) Beginning of year

126,744.

1

2

1 2

Form	990 (2019) Orpheum Performing Arts Centre, LTD	48-09	78508	Page 12
Pa	rt XI 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		,385.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,729.
3	Revenue less expenses. Subtract line 2 from line 1	3		,344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,827	7,697.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		446.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
_	column (B))	10	3,620	,799.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			77
b	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sc			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		x
	Act and OMB Circular A-133?		3a	A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public Inspection

	Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public Inspection Inspection								C		
Nam	e of t	he organizati	on						Employer	identification nur	mber
					ming Arts Ce					8-0978508	
Pai	tl	Reason	for Public	Charity Status (All organizations must co	mplete th	is part.) Se	ee instruction	IS.		
The o	organ	ization is not a	a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(i	ii).			
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's nam	e,
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	ite, or local go	vernment or governr	mental unit described in s	section 17	70(b)(1)(A)	(v).			
7		An organizati	ion that norma	Illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in	n
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	a land-grant	college	
		or university	or a non-land-ç	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	of the colleg	e or	
		university:									
10	Х	An organizati	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts	from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% o	f its suppor	t from gross invest	ment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 197	5.
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one o	or
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in	
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, ar	id 12g.		
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	ving	
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,	
		_ its support	ed organizatio	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)	
		that is not	functionally int	tegrated. The organi	zation generally must sat	isfy a dist	ribution re	quirement ar	id an attent	iveness	
		requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	۷.			
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III		
					nally integrated supporti		zation.				
f	Ente	er the number	of supported of	organizations							
g				n about the supporte		(iv) to the error	nization listed				
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount c	-	(vi) Amount of oth	
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instruct	lions)
Tota								1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 Orpheum Performing Arts Centre, LTD 48-0978508 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Calendar 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 include any 'unusual grants.') (a) 2016 (b) 2017 (d) 2018 (e) 2019 (f) Total 2 Tax revenues levide for the organization's banefit and either paid to or expended on its behalf (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 3 The value of services or facilities furnished by a governmental unit to the organization without charge in the tax exceeds 2% of the amount shown on line 11, column (f) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 4 Grass income from interest, divident from interest, and income from minilar sources, and income from minilar sources is explain in Part Vi)	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") Include any "unusual grants.") 2 Tax revenues levied for the organization's therefund either paid to or expended on its behaff Include any "unusual grants.") 3 The value of services or facilities Include any "unusual grants.") Include any "unusual grants.") 5 The value of services or facilities Include any "unusual grants.") Include any "unusual grants.") 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11th at exceeds 2% of the amount shown on line 11, column (f) Include any "unusual grants.") Include any "unusual grants.") 6 Public support. Subtact time 5 ferm line 4. Include any "unusual grants.") Include any "unusual grants.") Include any "unusual grants.") 7 Amounts from line 4. Include any "unusual grants.") Include any "unusual grants.") Include any "unusual grants.") 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (ofther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, colurm (f) 6 Public support. Subtract line 5 tom line 4 Section B. Total Support Calendary year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 Gross income from initerest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from uniteated business activities, whether or not the business is regularly carted 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) 12 Section C. Computation of Public Support Percentage	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge Image: Construction 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) Image: Construction of total constructions of the public support. Subtract line 5 from line 4. 6 Public support. Subtract line 5 from line 4. Image: Construction of total constructions of the public support subtract line 5 from line 4. Image: Construction of total constructions of the public support subtract line 5 from line 4. 6 Public support. Subtract line 5 from line 4. Image: Construction of total constructions on securities loans, rents, royalties, and income from line 4 subtract line 5 from line 4. Image: Construction of total constructions or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add line 5 throm line 4. Image: Constructions on the subtract line 5 throm line 4. 12 Gross receipts from related activities, etc. (see instructions) Image: Construction of the source subtract line 5 throm line 4. 13 First five years. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stops here Image: Construction of Public Support Percentage		or expended on its behalf						
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on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: column (f) Image: column (f) 6 Public support: Subtract line 5 from line 4. Image: column (f) Image: column (f) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: column (f) Image: column (f) Image: column (f) 9 Net income from unrelated business activities, whether or not the business is regularly carried on Image: column (f) Image: column (f) Image: column (f) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: column (f) Image: c		governmental unit or publicly						
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Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4	6							
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 and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 		dividends, payments received on						
 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 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 		securities loans, rents, royalties,						
activities, whether or not the business is regularly carried on 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		and income from similar sources						
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	9	Net income from unrelated business						
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		activities, whether or not the						
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		business is regularly carried on						
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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	11							
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	12	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
Section C. Computation of Public Support Percentage	13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)	
		organization, check this box and stop	here					
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14	Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
	14	Public support percentage for 2019 (li	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 15	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	16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	e 14 is 33 1/3% or i	more, check this b	box and
stop here. The organization qualifies as a publicly supported organization		stop here. The organization qualifies	as a publicly supp	orted organization	ו			▶∟
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	33 1/3% support test - 2018. If the o	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	% or more, check	this box
and stop here. The organization qualifies as a publicly supported organization		and stop here. The organization quali	ifies as a publicly s	supported organiz	ation			▶∟
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,	17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 109	% 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 if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop	here. Explain in Pa	rt VI how the orga	anization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
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	b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 i	s 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		more, and if the organization meets th	ne "facts-and-circu	ımstances" test, c	heck this box and	d stop here. Explai	n in Part VI how th	ne
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	licly supported org	anization	
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	18	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

14381112 788704 Orpheum

Schedule A (Form 990 or 990-EZ) 2019 Orpheum Performing Arts Centre, LTD Part 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 to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion 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						
	include any "unusual grants.")	317,113.	1289656.	438,726.	233,250.	211,478.	2490223.
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	1214906.	1080006.	989,865.	100,536.	78,208.	3463521.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				21,011.	62.	21,073.
-	or expended on its behalf				21,011.	02.	21,075.
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge	1532019.	2369662.	1428591.	354,797.	289,748.	5974817.
	Total. Add lines 1 through 5	1552019.	2309002.	1420591.	354,191.	209,140.	59/401/.
7a	Amounts included on lines 1, 2, and						0.
h	3 received from disqualified persons Amounts included on lines 2 and 3 received				/		0.
a	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
с	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5974817.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1532019.	2369662.	1428591.	354,797.	289,748.	5974817.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	54			6 1 5 2	4 0 0 0	22.010
	and income from similar sources	51.	14,338.	7,426.	6,173.	4,830.	32,818.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	F 4	14 220	F 400		4 0 0 0	
	Add lines 10a and 10b	51.	14,338.	7,426.	6,173.	4,830.	32,818.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital		2,898.	249.			3,147.
12	assets (Explain in Part VI.)	1532070.	2386898.	1436266.	360,970.	294,578.	6010782.
	First five years. If the Form 990 is for				-	,	
14	check this box and stop here	The organizations			•		
Sec	tion C. Computation of Publ	ic Support Pe					
	Public support percentage for 2019 (column (f))		15	99.40 %
	Public support percentage from 2018					16	99.52 %
	tion D. Computation of Inves						JJ131 70
	•			no 12 oolumn (f)		17	• 55 %
	Investment income percentage for 20 Investment income percentage from 2					18	•55 % •44 %
	33 1/3% support tests - 2019. If the						,
13d		-					
h	more than 33 1/3%, check this box a						
a	33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio		DOX OF III E 14, 19			edule A (Form 990	
33202	3 09-25-19			15	3010		, 01 990-L∠j 20 I9

14381112 788704 Orpheum

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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

- 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).
- 8 Did the organization make a loan to a disgualified 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.)

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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Orpheum Performing Arts Centre, LTD Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
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.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	30-EZ)	2019

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	(Form 990 or 990-EZ) 2019						48-0978508	Page 6
Part V	Type III Non-Function	onally Integr	ated 509(a)(3) Su	pporting	g Organizati	ons		

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	on 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	on 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):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	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.	З		
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	on 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		
-	Income tax imposed in prior year	5		
5				
5 6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Orpheum Performing Arts Centre, LTD

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-E	<u>Z) 2019</u> Orphe	eum Performin	ng Arts (Centre,	LTD	48-0978508	Page
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	I Information. (, lines 1, 2, 3b, 3c, ction D, lines 2 and , 6, and 8; and Part	Provide the explanations 4b, 4c, 5a, 6, 9a, 9b, 9c 3; Part IV, Section E, lin t V, Section E, lines 2, 5,	s required by Pa , 11a, 11b, and les 1c, 2a, 2b, 3a	rt II, line 10; Pa 11c; Part IV, Se a, and 3b; Part	rt II, line 17a or ⁻ ection B, lines 1 a V, line 1; Part V,	and 2; Part IV, Sectior Section B, line 1e; Pa	n C, art V,
		1						
					-			
032028 09-25-1	19			20		Schedule	A (Form 990 or 990-	·EZ) 2
81112	788704 Or	pheum	2019.0403		m Perfo	rming Ar	ts Cen ORPH	EUN

Department of the Treasury

or 990-PF)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

Internal Revenue Service						
Name of the organization						

Orpheum Performing Arts Centre, LTD	48-0978508
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

48-0978508

Orpheum Performing Arts Centre, LTD

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Jacqueline Schofield X Person Payroll 8404 Steeplechase 22,000. Noncash \$ (Complete Part II for Wichita, KS 67206 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Emprise Bank NA X Person Payroll 6,500. 257 N Broadway Noncash (Complete Part II for Wichita, KS 67202 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Don Barry Person Payroll P.O. Box 47430 5,000. Noncash (Complete Part II for Wichita, OK 67201 noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Shaw Family Foundation 4 Х Person Pavroll P.O Box 21210 6,121. Noncash (Complete Part II for Oklahoma City, KS 73156 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Brenda Farha X Person Payroll 1517 N Foilage CT 5,000. Noncash (Complete Part II for Wichita, KS 67206 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 Cox Communications X Person Pavroll 901 South George Washington Blvd 5,000. Noncash \$ (Complete Part II for Wichita, KS 67211 noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

Orpheum Performing Arts Centre, LTD 48-0978508 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Daneil and Kate Scheer X Person Payroll 2618 Spring Meadow St. 5,000. Noncash \$ (Complete Part II for Wichita, KS 67205 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Eby Construction Co X Person Payroll 610 N Main Street 10,000. Noncash \$ (Complete Part II for Wichita, KS 67203 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 MKEC Engineering, Inc. X Person Payroll 411 N Webb Road 5,000. Noncash (Complete Part II for Wichita, KS 67206 noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash

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(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

Page 3

Orpheum Performing Arts Centre, LTD

48 - 0978508

Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if		
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4						
Name of o	organization		Employer identification number						
Orphe	um Performing Arts Cent	re, LTD	48-0978508						
Part III	from any one contributor. Complete columns (a)	through (e) and the following line entry. Fo	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year or organizations						
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	haritable, etc., contributions of \$1,000 or less f	or the year. (Enter this info. once.)						
(a) No. from			(d) Description of how sift is hold						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			-						
		(e) Transfer of gift							
		(e) mansier of gift							
	Transferee's name, address, an	Id ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			-						
			-						
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(a) No			1						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			·						
		(e) Transfer of gift							
	Transferee's name, address, an	Relationship of transferor to transferee							
923454 11-0	16-19	25	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)						
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SCHEDULE D

(Form	990)
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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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization Orpheum Performing Arts Centre, LTD	Employer identification number 48-0978508
Pa		CCOUNTS.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(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 fun	nds
5	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
U	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Pa	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	,
•		orically important land area
	Protection of natural habitat	
	Preservation of open space	
2		anonyotion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	Held at the End of the Tax Year
_	day of the tax year.	
a L	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
a	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, released, extinguished, or terminated by the organ	lization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
~	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	on easements during the year
7	Answer of evenession would be required in a section to realize a finite bind.	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
•	\blacktriangleright	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	hat describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Accots
Fa	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
<u> </u>		
та	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheranc	e 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 treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	. ► \$
	Assets included in Form 990, Part X	. 🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019
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										ued)	
3	Using the organization's acquisition, accessio	on, and other record	s, check	any of the	following the	at make s	significal	nt use of its	;		
	collection items (check all that apply):	_	┌┐.								
а	Public exhibition	d			hange progr	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	•			0			•	t XIII.		
5	During the year, did the organization solicit or								-		1
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:							
									Amount		
	Beginning balance										
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance								_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	ount liabil	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if		swered "	Yes" on Fo							
	_	(a) Current year	. /	ior year	(c) Two yea		(d) Thre	e years back	<u> </u>		
	Beginning of year balance	154,385.		165,952.	15	4,536.		150,000.		150,	000.
b	Contributions										
	Net investment earnings, gains, and losses	32,019.		15,841.	1	7,387.	13,157.				15.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	16,543.		27,408.		5,971.		8,621.			15.
f	Administrative expenses										
g	End of year balance	169,861.		154,385.	16	5,952.		154,536.		150,	000.
2	Provide the estimated percentage of the current	ent year end balanc	e (line 1g	j, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 90.00	%									
с	Term endowment 10.00 %	6									
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held a	nd administe	ered for t	he orga	nization	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	ed on So	hedule R?					. 3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 99), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumula	ated	(d) Bool	k value	3
		basis (investn		basis	(other)	dep	preciatio	on			
1a	Land										
	Buildings			5,24	1,400.	2,5	584,	222.	2,65	7,1	78.
	Leasehold improvements										
	Equipment			40	8,239.		338,	986.	6	9,2	53.
	Other						-				
	Add lines 1a through 1e. (Column (d) must ed		X, colum	n (B), line 1	0c.)			►	2,720	5,43	31.
		. ,			,			Schedule	-	-	

Schedule D (Form 990) 2019 Orpheum Per Part VII Investments - Other Securities.	forming Arts (Centre, LTD	48-0978508 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	165 760	Ocat	
(A) WCF Endowment (B) WCF R&R Preservation	165,769.	Cost	
	93,087.	Cost	
(C)			
(D)			
(E)			
(F)(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	258,856.		
Part VIII Investments - Program Related.		Ita Cas Fauna 000 Bart V lina	- 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		e 13. Cost or end-of-year market value
(1)		(0)	
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line	e 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) T 1.1 (0.4 mm (1.) mm (1.5 mm (2000) Part V (1.1 (1.5)) (1.1 mm)	- 45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		·····
Complete if the organization answered "Yes"	on Form 000 Dart IV/ line 1	110 or 11f Soo Form 000 Dor	t X line 25
(a) Descriptions of Patricks	on Form 990, Fart IV, line 1	11e 01 111. See Foilin 990, Fai	(b) Book value
<u> </u>			
(1) Federal income taxes (2) Payroll Liabilities			601.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		601.
2. Liability for uncertain tax positions. In Part XIII, provide			atements that reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	re if the text of the footnote h	as been provided in Part XIII

Schedule D	(Form 990)	2019
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Sche	dule D (Form 990) 2019 Orpheum Performing Arts C	entre,	LTD	48-0978508 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents Wit	h Revenue per	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			_
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial State		th Expenses pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			- 1
С	Other losses			- 1
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Ι.Ι		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			-
с _	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) t XIII Supplemental Information.			5
r d				

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, line 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 additional information.

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.
Department of the Treasury	Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

g **Open to Public** Inspection Employer identification number

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Orpheum Performing Arts Centre, LTD

48-0978508

Form 990, Part I, Line 1, Description of Organization Mission:

historic venue.

Form 990, Part VI, Section B, line 11b:

The president of the organization receives the preliminary 990 report for

review & approval.

Form 990, Part VI, Section B, Line 12c:

Annual evaluation and on an as needed basis.

Form 990, Part VI, Section C, Line 19:

Upon request.

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

Schedule O (Form 990 or 990-EZ) (2019)

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Form 990-T	I E	Exempt Orga	nization Bus	sine	ss Income T	ax Return		OMB N	lo. 1545-0047	
	-	a (a	nd proxy tax und	er se	ction 6033(e))		·	0	040	
	For ca	lendar year 2019 or other tax ye			, and ending		_ ·	Z	019	
Department of the Treasury Internal Revenue Service		Do not enter SSN numbe	rs on this form as it may	/ be ma		ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		(Emp	Employer identification number (Employees' trust, see instructions.)		
B Exempt under section	Print	Orpheum Per	forming Art	s C	entre, LTD		4	8-09	78508	
X 501(c)(3)	or Type	Number, street, and room		x, see ir	structions.		E Unre (See	lated busin instructions	ess activity code s.)	
408(e) 220(e)	Type	200 N. Broa								
408A 530(a)		City or town, state or pro Wichita, KS			n postal code					
Book value of all assets		E Croup avagentian num	har (Can instructions)							
3,630,9	26.	Group exemption num Group exemption num Group exemption typ	e 🕨 🚺 501(c) corp	ooratior	n 501(c) trust	401(a)	trust		Other trust	
	organiza	LION S UNPEALED LEADES OF	Jusinesses.	T	Describe	the only (or first) uni				
		quidation of				complete Parts I-V.			э,	
		ice at the end of the previo	us sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trad	e or		
business, then complete						_		V	·]	
		ooration a subsidiary in an tifying number of the parer		nt-subs	idiary controlled group?	> L	Y	es 🔼	No	
J The books are in care of					Teleph	one number 🕨 3	16-	263-	0884	
Part I Unrelate					(A) Income	(B) Expenses			(C) Net	
1a Gross receipts or sale	s									
b Less returns and allow	wances		c Balance ►	1c ⁻						
2 Cost of goods sold (S	Schedule	A, line 7)		2						
3 Gross profit. Subtract				3						
		h Schedule D)		4a						
		Part II, line 17) (attach Forn		4b						
		sts		4c						
		ship or an S corporation (a		5						
 Rent income (Schedu Unrelated debt-financ 		ma (Schadula E)		0 7						
		me (Schedule E)		8						
		on 501(c)(7), (9), or (17) o								
		me (Schedule I)		10						
		e J)		11						
12 Other income (See in				12						
13 Total. Combine lines					0.					
		ot Taken Elsewhe be directly connected w	•		,					
· · · · · · · · · · · · · · · · · · ·		rectors, and trustees (Sch			•		14			
							15			
							16			
							17			
18 Interest (attach sche	dule) (s	ee instructions)					18			
							19			
		562)								
		n Schedule A and elsewhei					21b			
		mnaneation plane					22 23			
		mpensation plans					23			
25 Excess exempt expe	nses (S	chedule I)					25			
26 Excess readership c	osts (Sc	hedule J)					26			
27 Other deductions (at	tach scł	nedule)					27			
28 Total deductions. A	dd lines	14 through 27					28		0.	
29 Unrelated business t	axable i	ncome before net operatin	g loss deduction. Subtrac	ct line 2	8 from line 13		29		0.	
	-	loss arising in tax years be		-					•	
		0.1.1					30		0.	
		ncome. Subtract line 30 fro					31	[0.	
923701 01-27-20 LHA FO	n Papel	WORK REQUCTION ACT NOTIC	e, see instructions.	31				Form	990-T (2019)	
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Form 990-T (2019) Orpheum Performing Arts Centre, LTD

Part		Total Unrelated Business Taxab					
32	Total of	f unrelated business taxable income computed	from all unrelated trades or businesses (s	see instructions)		32	0.
33	Amoun	ts paid for disallowed fringes	·			33	
34		ble contributions (see instructions for limitation					0.
35		nrelated business taxable income before pre-20				35	
36		ion for net operating loss arising in tax years be					
		f unrelated business taxable income before spe					
37							
38		c deduction (Generally \$1,000, but see line 38 i	. ,	07		38	1,000.
39		ted business taxable income. Subtract line 38	•	-			0
						39	0.
Part		Tax Computation					
40	Organi	zations Taxable as Corporations. Multiply line	39 by 21% (0.21)		🕨	40	0.
41		Taxable at Trust Rates. See instructions for tax	•				
	Ta	ax rate schedule or 🛛 🔄 Schedule D (Form	1041)		►	41	
42		ax. See instructions				42	
43		tive minimum tax (trusts only)				43	
44		Noncompliant Facility Income. See instruction					
45	Total. A	Add lines 42, 43, and 44 to line 40 or 41, which	ever applies			45	
-		Tax and Payments				40	
		tax credit (corporations attach Form 1118; tru	ata attach Form 1116)	46a			
						_	
						_	
C	Genera	I business credit. Attach Form 3800		46c		_	
		or prior year minimum tax (attach Form 8801 c					
е		redits. Add lines 46a through 46d					
47	Subtrac	ct line 46e from line 45		<u></u>		47	0.
48	Other ta	axes. Check if from: 🗌 Form 4255 🦳 I	Form 8611 🛄 Form 8697 🛄 Form	n 8866 🛄 Othe	ľ (attach schedule)	48	1
49	Total ta	ax. Add lines 47 and 48 (see instructions)				49	0.
50		et 965 tax liability paid from Form 965-A or For					0.
51 a		nts: A 2018 overpayment credited to 2019					
		stimated tax payments					
		posited with Form 8868				-	
		organizations: Tax paid or withheld at source (_	
						-	
		withholding (see instructions)				_	
		or small employer health insurance premiums		51f		_	
g		redits, adjustments, and payments:					
		orm 4136 Ott					
52	Total p	ayments. Add lines 51a through 51g	······			52	
53		ed tax penalty (see instructions). Check if Form				53	,
54	Tax du	e. If line 52 is less than the total of lines 49, 50,	and 53, enter amount owed		►	54	
55	Overpa	yment. If line 52 is larger than the total of lines	49, 50, and 53, enter amount overpaid		►	55	
56	Enter th	ne amount of line 55 you want: Credited to 202	0 estimated tax 🕨	F	Refunded 🕨 🕨	56	;
Part	: VI 🔤	Statements Regarding Certain	Activities and Other Inform	ation (see instr	ructions)		
57	At any t	time during the 2019 calendar year, did the org	anization have an interest in or a signatur	e or other authorit	īV.		Yes No
		inancial account (bank, securities, or other) in	•				
		Form 114, Report of Foreign Bank and Financi					
	here			le lefelgit beutitiy			X
E 0		the tax year, did the organization receive a distr	ibution from or was it the granter of or	transforar to a for	aign truot?		
58	-						······
50		' see instructions for other forms the organizati	-				
59		ne amount of tax-exempt interest received or ac					
Cian.	C	nder penalties of perjury, I declare that I have examined prrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which p	and statements, and t reparer has any know	o the best of my kn ledge.	iowieage	and belief, it is true,
Sign				a .		May the	IRS discuss this return with
Here			Presi	dent			arer shown below (see
		Signature of officer	Date Title		i	instructio	ons)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	if P	TIN
Paid	ł				self- employed	d	
	arer	Jeff Lucke					P00641098
	Only	Firm's name Lucke & Asso	ciates, CPA's, LC		Firm's EIN	•	48-1159211
0.26	Only	1660 N. Ty					
		Firm's address > Wichita, K			Phone no.	(31	6)721-9020
923711	01-27-20						Form 990-T (2019)
	20		32				10m 300 1 (2019)

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Schedule A - Cost of Goods So	ld. Enter	method of inven	tory v	aluation 🕨 N/A					
1 Inventory at beginning of year	1			Inventory at end of yea			6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
b Other costs (attach schedule)	4b		1	property produced or a	acquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5		1	the organization?					
Schedule C - Rent Income (From (see instructions)	m Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
2.	Rent receive	d or accrued				0(-)			
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	e of	` of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a		ected with the income i (attach schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a) are here and on page 1, Part I, line 6, column (A)	nd 2(b). Ent	er ►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt-Fi	nanced	Income (see	instru	ctions)					
			2	Gross income from or allocable to debt-		3. Deductions directly cor to debt-finan		operty	
1. Description of debt-financed	property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	IS
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or al debt-finar	adjusted basis locable to iced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			1	%					
(1) (2) (3)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column (
Totals						0			Ο.
Total dividends-received deductions included							•		0.

Form 990-T (2019)

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Page 3

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Form 990-T (2019)	Orpheu	n Perfo	orming	Arts	Centre,	LTD	
<u> </u>							

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Page 4

Schedule F - Interest,	Annuitie	es, Royal	ties, aı	nd Rent	s From C	ontroll	ed Orga	anizatio	ns (see ins	struction	is)	
				Exempt	Controlled C	rganizati	ons					
1. Name of controlled organiz	ation	2. Emp identific numl	cation		related income e instructions)	4. Tot pay	al of specifie nents made	inclu	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organ	nizations											
7. Taxable Income		Inrelated incom see instructions		9. Total	of specified pay made	ments		f column 9 th Introlling orga gross incom			ductions directly connected n income in column 10	
(1)												
(2)												
(3)												
(4)												
	·						Enter her	columns 5 a re and on pag ne 8, column	je 1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals						🕨			Ο.		0.	
Schedule G - Investm	ent Inco	me of a s	Sectior	n 501(c)((7), (9), or	(17) Oi	ganizat	tion				
(see ins	tructions)								-			
1. Description of income				2. Amount of	income	directly of	ductions connected schedule)	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co	olumn (A).					Enter here and on page 1 Part I, line 9, column (B).	
Totals						0.					0.	
Schedule I - Exploited (see inst		t Activity	Incom	ie, Othe	er Than Ac	lvertisi	ing Inco	ome				
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly of with pro of uni	penses connected oduction related s income	4. Net incor from unrelated business (com minus colum gain, comput through	d trade or olumn 2 in 3). If a ie cols. 5	from act is not u	s income tivity that inrelated s income	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)					1				1			
(2)												
(3)												
(4)												
	page 1	re and on I, Part I, col. (A).	page '	re and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 25.	
Totals 📃 🕨	•	0.		0.							0	
Schedule J - Advertis Part I Income From				,	nsolidated	l Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compu hrough 7.		irculation come	6. Read		 Excess readership costs (column 6 minus column 5, but not more than column 4). 	
(1)									+			
(1)					-				+			
141			1						1			

0 • Form **990-T** (2019)

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(3) (4)

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Totals (carry to Part II, line (5))

0.

►

0.

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 Form 990-T (2019) Orpheum Performing Arts Centre, LTD
 48-09785

 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

 columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I	0.	0	•				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0					0.
Schedule K - Compensatio	n of Officers,	Directors, an	d Trustees (see ir	nstructions)			
1. Name			2. Title	3. Perce time devot busine	ted to		pensation attributable rrelated business
(4)					0/		

	Dusiriess	
(1)	%	
(2)	%	
(3)	%	
(4)	%	
Total. Enter here and on page 1, Part II, line 14	 	0.

Form 990-T (2019)

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instr	uctions.		Taxpaye	axpayer identification number (TIN)		
print	Orpheum Performing Arts Ce	ntro	ፒ.ሞኮ		48-0978508		
File by the	Number, street, and room or suite no. If a P.O. box,	-			48-0978508		
due date for filing your	200 N. Broadway St	See instruc	tions.				
return. See instructions.	City, town or post office, state, and ZIP code. For a Wichita, KS 67202-2327	foreign adc	Iress, see instructions.				
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			01	
Application	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above) The Organizati	06	Form 8870			12	
box ▶ [1 I red the	s for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until organization named above. The extension is for the org <u>X</u> calendar year <u>2019</u> or	and atta	nch a list with the names and TINs on the names and TINs of the names and TINs of the name	of all memb	ers the exter	nsion is for.	
ÞL	tax year beginning	, an	d ending		·		
2 If th	e tax year entered in line 1 is for less than 12 months, Change in accounting period	check reas	on: Initial return	Final retu	'n		
	is application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	0, or 6069,	enter the tentative tax, less	3a	\$	0.	
b If th	is application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and				
esti	mated tax payments made. Include any prior year over	rpayment a	llowed as a credit.	3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your p	•	· · · ·			-	
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.	
Caution: I	If you are going to make an electronic funds withdrawa	al (direct de	bit) with this Form 8868, see Form	8453-EO a	nd Form 887	9-EO for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

923841 12-30-19

Form **4720**

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968) ► Go to www irs gov/Form4720 for instructions and the latest information Department of the Treasury

OMB No. 1545-0052

2019

Internal Revenue S		w.irs.gov/Form4/20 for instructio			
	ar 2019 or other tax year beginning	, 2019, and	ending	3	
Name of organi	Employer identification number				
Orpheum	48-0978508				
Number, street,	Check box for type of annual return:	—			
200 N.	X Form 990 Form 990-	ΕZ			
City or town, sta	ate or province, country, and ZIP or fore	eign postal code		Form 990-PF Other	
	, KS 67202-2327			Form 5227	
	•			Yes N	ο
A is the organ	nization a foreign private foundation wit	hin the meaning of section 4948(b)?		2	ζ
B Has correct	tive action been taken on any taxable ev	vent that resulted in Ch. 42 taxes being	reported on this form? (Enter "N/A" if		
	ach a detailed description and documen				
	e correction > \$		cted acts or transactions), attach an e		
	Taxes on Organization (Sect				a),
	4965(a)(1), 4966(a)(1), and 4968(a))				,,
	ndistributed income - Schedule B, line	4		1	
	xcess business holdings - Schedule C,				
3 Tax on ir	ivestments that jeopardize charitable pu	urpose - Schedule D. Part I. column (e)		3	
4 Tax on ta	axable expenditures - Schedule E, Part I	, column (a)		4	
	olitical expenditures - Schedule F, Part				
	xcess lobbying expenditures - Schedule				
	isqualifying lobbying expenditures - Scl				
	remiums paid on personal benefit contr				
	eing a party to prohibited tax shelter tra				
	axable distributions - Schedule K, Part I				
	charitable remainder trust's unrelated b	ousiness taxable income. Attach statem	ient		
	ailure to meet the requirements of section				—
	xcess executive compensation - Schedu				—
	et investment income of private college				—
					—
Part II-A	Taxes on Managers, Self	-Dealers, Disqualified Per	sons, Donors, Donor Adv	visors, and Related Perso	ns
	(Sections 4912(b), 4941(a), 4944	(a)(2), 4945(a)(2), 4955(a)(2), 4958	(a), 4965(a)(2), 4966(a)(2), and 49	67(a))	
(a) Na	me and address of person subject to ta	x. City or town, state or province, coun	try, ZIP or foreign postal code	(b) Taxpayer identification numbe	r
a					_
b					_
C					
	(c) Tax on self-dealing - Schedule A, Part II, col. (d),	(d) Tax on investments that jeopardize charitable purpose -	(e) Tax on taxable expenditures -	(f) Tax on political expenditures -	
	and Part III, col. (d)	Schedule D, Part II, col. (d)	Schedule E, Part II, col. (d)	Schedule F, Part II, col. (d)	
a					
b					
C					
Total					
	(g) Tax on disqualifying lobbying	(h) Tax on excess benefit transactions - Schedule I, Part II, col.	(i) Tax on being a party to prohibited tax shelter transactions - Schedule J	(j) Tax on taxable distributions -	
	expenditures - Sch H, Part II, col. (d)	(d), and Part III, col. (d)	Part II, col. (d)	Schedule K, Part II, col. (d)	
a					
b					
C					
Total					
	(k) Tax on prohibited benefits - Sch L,			(I) Total - Add cols. (c) through (k	.)
	Part II, col. (d), and Part III, col. (d)			(-)	<i>.</i>
a					
b					
C					
Total					
924061 12-04-19	LHA For Privacy Act and Paperwo	ork Reduction Act Notice, see the sepa	arate instructions.	Form 4720 (20	19)

14381112 788704 Orpheum 2019.04030 Orpheum Performing Arts Cen ORPHEUM1

1

Form 4720		Orpheum Performin			LTD	48-0978508	Page 2
Part II		nary of Taxes (See Tax Paym		,			
		n Part II-A, column (I), that apply to man r advisors, and related persons who sign					
-	ns, donors, dono Imount from Part	1					
		ine 15, and Part II-B, line 1				2	
		ng amount paid with Form 8868 (see ins				3	
		ger than line 3, enter amount owed (see				4	0.
5 Overp	ayment. If line 2	is smaller than line 3, enter the difference				5	
		SCHEDULE A - I		s on Self-De	aling (Section 4941)		
Part I		Self-Dealing and Tax Com	putation				
(a) Act number	(b) Date of act			(c) Descriptio	on of act		
1							
2							
3							
4							
5	<u> </u>		1			(a) .	
(d)		r from Form 990-PF, Part VII-B, or art VI-B, applicable to the act	(e) Amount	t involved in act	(f) Initial tax on self- dealer (10% of col. (e))	(g) Tax on foundation r (if applicable) (lesser of	\$20,000
						or 5% of col. (e))
Part II	Summa	ry of Tax Liability of Self-D	ealers and			(d) Self-dealer's to	ital tax
	(a)	Names of self-dealers liable for tax		(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	liability (add amounts (see instruction	in col. (c))
. <u> </u>							13)
						_	
				/			
						-	
						-	
Part II		ry of Tax Liability of Found	lation Mana	(b) Act no. from	-	(d) Manager's total ta	x liability
	(a) Name	es of foundation managers liable for tax		Part I, col. (a)	or prorated amount	(add amounts in co (see instruction	ol. (c))
							10)
						-	
						_	
		SCHEDULE B - Initia	al Tax on U	ndistributed	Income (Section 4942)		
		e for years before 2018 (from Form 990				1	
		e for 2018 (from Form 990-PF for 2019,				2	
		ncome at end of current tax year beginni	-	-			
		(add lines 1 and 2) ine 3 here and on Part I, line 1				3 4	
							720 (2019)

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14381112 788704 Orpheum

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Fo	rm of enterprise (corporation, partnership, trust, joint venture, sole propri	ietorsh	ip, etc.)	►	
			(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	1			
2	Permitted holdings in business enterprise	2			
3	Value of excess holdings in business enterprise	3			
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not				
5	subject to section 4943 tax (attach statement) Taxable excess holdings in business enterprise - line 3 minus line 4	4			
6	Tax - Enter 10% of line 5	6			
7	Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7			

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1					
2					
3					
4					
5					
Total - Colum	n (e). Enter here a	nd on Part I, line 3			
Total - Colum					

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

3

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I	Expenditures a	nd Computati	on of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address o	f recipient	(e) Description of expenditure and purposes for which made		
1							
2							
3							
4							
5							
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure			(g) Initial tax imposed on (20% of col. (b)			ndation managers (if applicable)- 00 or 5% of col. (b))	
	olumn (g). Enter here and on e 4						
Total - Co	blumn (h). Enter total (or pror	ated amount) here a	, ,				
Part I	I Summary of Ta	x Liability of F	Foundation Managers a	and Proration	of Payments		
	(a) Names of fo	undation managers I	iable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	

SCHEDULE F - Initial Taxes on Political Expenditures(Section 4955)

Part I	Expenditures a	Expenditures and Computation of Tax								
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))					
1										
2										
3										
4										
5										
Total - Co	olumn (e). Enter here and on	Part I, line 5								

Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below

Part II	Summary of Tax Liability of Organization Managers or Foundation	Managers and	Proration of Payments	
	(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

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Form 4720 (2019)

14381112 788704 Orpheum

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	, 2	
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3	
	Tax - Enter 25% of line 3 here and on Part I, line 6	4	

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part	I Expenditures a	Expenditures and Computation of Tax							
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)- (5% of col. (b))				
1									
2									
3									
4									
5									
Total - Co	olumn (e). Enter here and on	Part I, line 7							

Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below

Part II	Summary of I	ax Liability o	of Organizatio	n Manage	ers ar	na Proi	ation of	Payme	nts	

(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(0) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I	Excess Benefit Transactions and Tax Computation							
(a) Transaction number	(b) Date of transaction	(c) Description of transaction						
1								
2								
3								
4								
5								
(d) Amount of excess benefit		penefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))				

(d) Amount of excess benefit	(25% of col. (d))	(lesser of \$20,000 or 10% of col. (d))

Form 4720 (2019)

Orpheum Performing Arts Centre, LTD 48-09 SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) Continued

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Part II Summar	Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments									
(a)	Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(C) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)						
				-						
				-						
				-						
				-						
				-						
				4						
				4						

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Provation of Payments

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(C) Tax from Part I, col. (f), or prorated amount	(u) Manager's total tax liability (add amounts in col. (c)) (see instructions)

	SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)							
Part I								
	(see instructions)							
		(c) Type of transaction						
(a) Transaction number	(b) Transaction date	 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection 		(d) Description of transaction				
1								
2								
3								
4								
5								
U								
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No		ion y to (f) Net income attrib	utable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)			
Total - Colur	nn (h). Enter here and	on Part I, line 9		•				
924102 12-04-	19				Form 4720 (2019)			

6

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|--|

Part II Tax imposed on Entity Managers (Section 4965) Continu	ed		
(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(C) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.

Part I	Taxable Distributions and Tax Computation							
(a) Item number		(b) Name of sponsoring organization donor advised fund	i and		(C) Description of distr	ibution	
1								
2								
3								
0								
4								
(d) Date			(f) Tax impor	sed on organizatio	n	(a) Tay on fund	I managers (lesser of 5%	
distribut		(e) Amount of distribution		of col. (e))	11		(e) or \$10,000)	
	. ,	er here and on Part I, line 10						
	in (g). En	ter total (or prorated amount) here and in Part II,	, column (c), below _					
Part II	Sum	mary of Tax Liability of Fund Ma	anagers and Pr	oration of P	aymen ⁻	ts		
(a) Name of fund managers liable for tax				(b) Item no. from Part I, col. (a)		ix from Part I, col. (g) prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
			ŀ					
			F					
			F					
			Ļ					
							1	

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Form 4720 (2019)

2019)Orpheum Performing Arts Centre, LTD48-0978508SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

Dort	Drobibitod Bo	nofite and Ta	See the instruc	cions.		
Part I		nents and Tax	x Computation			
(a) Item number	(b) Date of prohibited benefit		(c) Des	cription of benefit		
1						
2						
3						
4						
5						
(d) Amount of prohibited benefit (e) Tax on donors, donor advisor (125% of col. (d)) (see i			ors, or related persons instructions)	(f) Tax on fund manage 10% of col. (d) or \$1	ers (if applicable) (lesser of 0,000) (see instructions)	
Part II	Summary of T	Fax Liability of	f Donors, Donor Advisc	ors, Related Pe	rsons, and Proratio	on of Payments
	(a) Names of donors, d	onor advisors, or related	l persons liable for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)
						-
						-
			6			-
Part III	Summary of I	ax Liability of	f Fund Managers and P	roration of Pay	ments	
	(a) Name	s of fund managers liabl	e for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)
						-
						-
						-

Form 4720 (2019)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Par	t I 🛛 Failu	ires to Meet Section &	501(r)(3)							
(a) Iter numbe		lame of hospital facility	(c) Descri	(c) Description of the failure			(d) Tax year hospital facility last conducted a CHNA		fac) Tax year hospital ility last adopted an lementation strategy
1										
2										
3										
4										
5										
Par	t II 🛛 Com	putation of Tax								
I	lealth Needs As	ital facilities operated by the hossessment requirements of sections	on 501(r)(3)		-			1		
2	ax - Enter \$50,	,000 multiplied by line 1 here an	d on Part I, line 12					2		
	SC	HEDULE N - Tax on I	Excess Executive	e Compensation	(Sectior	<u>1 4960).</u>	(See ii	nstruc	ction	s.)
(a) Iter numbe						(e) Total. Add column (c) and (d)				
1										
2										
3										
4						_			_	
5									_	
6		t, if necessary. See instructions								
		(e) items 1 - 6)							_	
Tax		the amount above here and on I							<u> </u>	
	50	HEDULE O - Excise T		ection 4968)	Private	Colleg	es and		/ersi	ties
				(c) Gross investment			(e)Ad	ministra	ative	(f) Net investment
		(a) Name	(b) EIN	income (See instructions.)	(d) C gain net	apital : income	expens to inco	es alloc me incl . (c) and	able uded	(I) Net investment income (See instructions.)
1	Filing Organization									
2	Related Organization									
3	Related Organization									
4	Related Organization									
5	Total from atta	chment, if necessary								
6	Total									
7	Excise Tax on	Net Investment Income. Enter 1.	4% of the amount in 6(f)) here and on Part I, line	14					
										Form 4720 (2019)

Form 4720 (2	019) Orpheum Pe	rforming Arts	Centre,	LTD	48-097	78508 Page 10
	Under penalties of perjury, I declare th and belief it is true, correct, and comp	hat I have examined this return lete. Declaration of preparer (d	, including accom other than taxpaye	panying schedules a r) is based on all info	and statements, and to the b prmation of which preparer	lest of my knowledge has any knowledge.
				President		
	Signature of officer or trustee				Title	Date
	Signature (and organization or ent advisor, or related person	ity name if applicable) of mana	ager, self-dealer, d	isqualified person, d	lonor, donor	Date
Sign Here	Signature (and organization or ent advisor, or related person	ity name if applicable) of mana	ager, self-dealer, d	isqualified person, d	ionor, donor	Date
	Signature (and organization or ena advisor, or related person	ity name if applicable) of mana	ager, self-dealer, d	isqualified person, d	lonor, donor	Date
	Signature (and organization or ent advisor, or related person	,		isqualified person, d		Date
	May the IRS discuss this return with t				X Yes	No
	Print/Type preparer's name	Preparer's signature	e	Date	Check if PTIN	
Paid	Jeff Lucke				self- employed	00641098
Preparer Use Only		Associates, C	PA's, LC		I	1159211
	Firm's address ▶1660 N. Wichita,	Tyler KS 67212			Phone no. (316)	721-9020

Form 4720 (2019)