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Part III Star			33-1160933	Pag
	tement of Program Service A eck if Schedule O contains a re	ccomplishments esponse to any question in this Part 1		
	ribe the organization's mission			
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-		I ORDER TO BE TO BE AN EN		
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OF PITTS	BURG AND SURROUNDING	COMMUNITIES		
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services?				Yes X
	cribe these changes on Sche			
Section 501	(c)(3) and 501(c)(4) organiza	ents for each of the organization's thr ations and section 4947(a)(1) trusts a and revenue, if any, for each program	are required to report the amount	
		91, 322. including grants of \$		1,630.)
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d Other progra	am services. (Describe in Sche	edule O.))

Form 9	33-1160933		F	Page 3
Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•		37
	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	У	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
_	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	~		v
-		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	1		
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
5	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 term, permanent, or	-		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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-othersecurities 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			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
12 0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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?	4.5		3.7
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a		X
a	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form	20b		Х
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	200		17

Form 9	90 (2010) 33-1160933			Page 4
Par	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21		X
22	in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		
22	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		_	
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	V	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	· · · · · · · · · · · · · · · · · · ·	24a		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
d		24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	2-10		
20 4		25a		Х
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?			
		25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		24
		28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			X
33	complete Schedule N, Part II.	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
• •	<i>IV</i> , and <i>V</i> , line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		X
30	Part VI	37		
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
	is note with our own and are required to complete obliedule of			1

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Par			
	Check if Schedule O contains a response to any question in this Part V		₋₋
		Yes	i No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		
22	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax		-
za	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	2
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		2
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	-	+
	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)?		2
b	If "Yes," enter the name of the foreign country:		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		2
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?		
	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
	and services provided to the payor?		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
-	required to file Form 8282?	_	
	If "Yes," indicate the number of Forms 8282 filed during the year		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_	+
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f	_	+-
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
о о		_	+
ö	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?		T
9	Sponsoring organizations maintaining donor advised funds.		
	Did the organization make any taxable distributions under section 4966?		Т
	Did the organization make a distribution to a donor, donor advisor, or related person?	_	+
0	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
1	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders [11a]		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 124	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	1	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	-	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14)	
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year)	Y	
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		v	
	form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	Х	
12 a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Ce of	the organization's exempt status with respect to such arrangements?	16b		
Seci	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► VONNIE CORSINI 407 N BROADWAY PITTSBURG, KS 66762

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

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

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

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, employee) kev trustee

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

· List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average	(C) Position (check all that apply)				hat ann	lv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	roponsation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ANN ELLIOTT										
PRESIDENT	2.00	Х		Х				0.	. 0.	0.
(2) AARON BESPERAT										
BOARD MEMBER	1.00	Х						0.	. 0.	0.
(3) DR GINA PINAMONTI										
VICE PRESIDENT	2.00	Х		Х				0.	. 0.	0.
(4) PAT JONES										
BOARD MEMBER	1.00	Х						0.	. 0.	0.
(5) ROGER HECKERT										
BOARD MEMBER	1.00	Х						0.	. 0.	0.
(6) BOB BERRY										
BOARD MEMBER	1.00	Х						0.	. 0.	0.
(7) BRENT CASTAGNO										
BOARD MEMBER	1.00	Х						0.	. 0.	0.
(8) FRANK DUNNICK										
BOARD MEMBER	1.00	Х						0.	. 0.	. 0.
(9) STELLA HASTINGS										
SECRETARY	2.00	Х		Х				0.	. 0.	0.
(10)SUSAN LAUSHMAN										
BOARD MEMBER	1.00	Х						0.	. 0.	0.
(11)DR JOEL RHODES										
BOARD MEMBER	1.00	Х						0.	. 0.	. 0.
(12) RAY RYAN										
BOARD MEMBER	1.00	Х						0.	. 0.	0.
(13) GREG SHAW										
BOARD MEMBER	1.00	Х						0.	. 0.	. 0.
(14)TIM SPEARS										
BOARD MEMBER	1.00	Х						0.	. 0.	0.
(15) DR TALAAT YAGHMOUR										
BOARD MEMBER	1.00	Х						0.	. 0.	. 0.
(16) RACHEL MURDOCK										
BOARD MEMBER	1.00	Х						0.	. 0.	0.

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Ра	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) (C) Average Position (check all that apply							(D) Reportable	(E) Reportabl		ontinued) (F) Estimate	ed.
	Public I	Average hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee		Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensati from relate organizatio (W-2/1099-MI	on ed ns	amount of other compensation from the organization organization	of tion e on ed
	ROCKY WILLIAMS TREASURER	2.00	x		X				0.		0.		0.
(18)	VONNIE CORSINI EXECUTIVE DIRECTOR	50.00			X				37,500.		0.		0.
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
(26)													
(27)													
(28)													
С	Sub-total Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)			 	•••	•••	•••		37,500.		0.		0.
	Total number of individuals (including but not lim reportable compensation from the organization			ed at	0006	e) w	ho re	ceiv		,000 in	I		
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the	ule J for su	ch ind	ividu	ıal	• •		•••			••	Yes 3	No X
4	the organization and related organizations individual	greater th	ian \$	150,	,000)?	lf "Y	'es,' • •	' complete Sched	ule J for su	ıch	4	X
5 Se	Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i> ction B. Independent Contractors											5	Х
1	Complete this table for your five highest of compensation from the organization.	compensate	ed in	dep	end	ent	cont	ract	tors that received	d more than	\$10	0,000 of	
	(A) Name and business addr	ress							(B) Description of ser	vices	С	(C) Compensation	
_													
2	Total number of independent contractors (in more than \$100,000 in compensation from the				ited		thos 0	ie li	sted above) who	received			
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Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a c d f g h	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	243,000.	ecti	on(Cop	у
e			Business Code	2/1/000.			
enu							
Program Service Revenue	2a b c d	OTHER INCOME	900099	1,630.	1,630.		
am	е						
ogr	f	All other program service revenue					
2	g	Total. Add lines 2a-2f	<u> </u>	1,630.			
	3	Investment income (including dividends, intere other similar amounts)		3,167.			3,167.
	4	Income from investment of tax-exempt bond p		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	с	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	, u	(i) Securities	(ii) Other	0.			
	7a	Gross amount from sales of					
		assets other than inventory	500.				
	b	Less: cost or other basis					
		and sales expenses					
	с	Gain or (loss)	500.				
	d	Net gain or (loss)	. <u></u>	500.			500
Φ	8a	Gross income from fundraising					
nu		events (not including \$3,713.					
٧e		of contributions reported on line 1c).					
Re			8,664.				
J.		See Part IV, line 18	I				
Other Revenue	b		9,309.				
Ò	с	Net income or (loss) from fundraising events	•••••••••••	-645.			-645.
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses	.				
	с	Net income or (loss) from gaming activities .	. <u></u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory		0.			
	Ť	Miscellaneous Revenue	Business Code	0.			
	11a						
	b						
	с						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		279,647.	1,630.		3,022

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art VIII	Statement	of

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in	1SD ³⁶⁹	ctio ^{369.}	n Cc	nv
	the U.S. See Part IV, line 22				'P y
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	37,500.	30,598.	4,899.	2,003.
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	6,176.	5,039.	807.	330.
7	Other salaries and wages	0.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	14,033.	11,450.	1,833.	750.
11	Fees for services (non-employees):	_			
	Management	0.			
	Legal	0.		1 500	
		1,500.		1,500.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17 Investment management fees	0.			
	÷	16,770.	16,395.	29.	346.
9 12	Other	5,841.	4,766.	763.	312.
13	Office expenses	8,508.	6,905.	1,151.	452.
14	Information technology	3,883.	3,169.	507.	207.
15	Royalties	0.			
16	Occupancy	6,913.	5,641.	903.	369.
17	Travel	3,254.	2,001.	320.	933.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	729.	595.	95.	39.
20	Interest	450.	367.	59.	24.
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	1,194.	974.	156.	64.
23	Insurance	2,634.	1,144.	1,415.	75.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
	BAD DEBT	950.	775.	124.	51.
-	DUES & SUBSCRIPTIONS	1,134.	1,134.	124.	JI.
		1,134.	1,104.		
C بہ					
u					
e f	All other expenses	<u> </u>			
	Total functional expenses. Add lines 1 through 24f	111,838.	91,322.	14,561.	5,955.
<u>25</u> 26	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			± 1/ 00± .	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	116,736.	1	13,177.
	2	Savings and temporary cash investments	169,005.	2	388,185.
	3	Pledges and grants receivable, net		3	
	4 5	Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of		Ċ	DDY 50.
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
s	_	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 308,745.	050 (11		206 516
		Less: accumulated depreciation 10b 2,229.	250,611.		306,516.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13 14	
	14		5,978.	14	6,027.
	15	Other assets. See Part IV, line 11	544,430.	-	713,955.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	1,098.	16 17	2,814.
	17	Accounts payable and accrued expenses	1,090.	17	2,014.
	10	Grants payable		10	
	20	Deferred revenue		20	
	20 21	Tax-exempt bond liabilities		20	
ties	21	Payables to current and former officers, directors, trustees, key		21	
Liabilities	22	employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,098.	26	2,814.
	20	Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	1,000	20	
Ce	27	Unrestricted net assets		27	
alar	28	Temporarily restricted net assets		27	
B	29	Permanently restricted net assets		20	
pur	20	Organizations that do not follow SFAS 117, check here X and		23	
or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	543,332.	32	711,141.
ž	33	Total net assets or fund balances	543,332.	33	711,141.
	34	Total liabilities and net assets/fund balances	544,430.	34	713,955.
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Form 990 (2010)
Part X

Balance Sheet

Forn	33-1160933		Pa	ge 12
	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			<u> </u>
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Other changes in net assets or fund balances (explain in Schedule O) 5 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6	1 1 5 0	11,8 67,8	547. 338. 309. 332.
Ра	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a b c d	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	2a 2b 2c		X X
3a b	Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3a 3b		X

SCH	EDU	ILE	Α	
(Form	990	or 99	90-F2	7)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization COLONIAL FOX THEATRE FOUNDATION 33-1160933 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section **509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I b Type II c Type III - Functionally integrated d Type III - Other а By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified е persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of (iv) Is the (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) (B) (C) (D) (E)

- 4 - 1	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

OMB No. 1545-0047

Open to Public

Scheo	lule A (Form 990 or 990-EZ) 2010			33	-1160933		Page 2	
Par	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under							
	Part III. If the organization f	ails to qualify	under the tests	s listed below,	please compl	ete Part III.)		
Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	be	304,536.	230,753.	274,995.	929,745.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						J	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3		119,461.	304,536.	230,753.	274,995.	929,745.	
5	The portion of total contributions by each							
	person (other than a governmental unit or							
	publicly supported organization) included							
	on line 1 that exceeds 2% of the amount							
<u> </u>	shown on line 11, column (f)						658,505.	
<u>6</u> 500	Public support. Subtract line 5 from line 4. tion B. Total Support						271,240.	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7		(4) 2000	119,461.	304,536.	230,753.	274,995.	929,745.	
8	Amounts from line 4 Gross income from interest, dividends,		119,401.	304,330.	230,733.	2/4,993.	929,143.	
Ū	payments received on securities loans, rents, royalties and income from similar sources		273.	562.	4,661.	3,167.	8,663.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10						938,408.	
12	Gross receipts from related activities, etc. (se	ee instructions)				12	3,984.	
13	First five years. If the Form 990 is f	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)	
	organization, check this box and stop here						🕨 🛛	
Sec	tion C. Computation of Public Sup	•	-			1		
14	Public support percentage for 2010 (line			())		14	%	
15	Public support percentage from 2009 S						%_	
16a	a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b				-				
D	b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
172	10%-facts-and-circumstances test - 2	-						
17a	or more, and if the organization me	-						
	Part IV how the organization meets					-	-	
	organization			-	-			
b	10%-facts-and-circumstances test - 2						and line	
	15 is 10% or more, and if the orga							
	Explain in Part IV how the organzation						-	
	supported organization				-	-		
18	Private foundation. If the organization						and see	
	instructions						<u>▶∟</u>	

Schedule A (Form 990 or 990-EZ) 2010

Sched	ule A (Form 990 or 990-EZ) 2010			33	-1160933		Page
Part	(Complete only if you checke	d the box on I	ine 9 of Part I	or if the organi			r Part II.
	If the organization fails to qua	ality under the	tests listed de	elow, please co	omplete Part II	.)	
	tion A. Public Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Ilendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2000	(b) 2007	(0) 2008	(u) 2009	(e) 2010	
1	received. (Do not include any "unusual grants.")			1.1			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	Ins	pe	Ctic)n (JO) y
	furnished in any activity that is related to the organization's tax-exempt purpose		-			· ·	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	\$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
2 4	line 6.)						
	ion B. Total Support	(a) 2006	(b) 2007	(a) 2008	(4) 2000	(a) 2010	(f) Total
	llendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization	' n's first, second	, third, fourth, or	fifth tax vear a	as a section 501	(c)(3)
••	organization, check this box and stop here	-					
Sect	ion C. Computation of Public Sup						
	Public support percentage for 2010 (line 8, c			ר (f))		15	C
15						-	0
15 16	Public support percentage from 2009 Schedu						
16	Public support percentage from 2009 Schedu ion D. Computation of Investmen	t Income Per					
¹⁶ Sect	ion D. Computation of Investmen			3 column (f))		17	0
16 Sect 17	ion D. Computation of Investmen Investment income percentage for 2010 (lin	ne 10c, column (f)	divided by line 1				
16 Sect 17 18	ion D. Computation of Investmen Investment income percentage for 2010 (lin Investment income percentage from 2009 33 1/3 % support tests - 2010. If the or	ne 10c, column (f) Schedule A, Part ganization did n	divided by line 1 III, line 17 ot check the bo	ox on line 14, and	d line 15 is mor	18 re than 331/3%,	and line
16 Sect 17 18 19 a	ion D. Computation of Investment Investment income percentage for 2010 (lin Investment income percentage from 2009 33 1/3 % support tests - 2010. If the or 17 is not more than 33 1/3 %, check th	ne 10c, column (f) Schedule A, Part ganization did n is box and sto j) divided by line 1 III, line 17 ot check the bo p here . The org	ox on line 14, and ganization qualifies	d line 15 is mor s as a publicly	18re than 331/3 %,supported organ	and line ization ►
16 Sect 17 18 19 a	ion D. Computation of Investmen Investment income percentage for 2010 (lin Investment income percentage from 2009 33 1/3 % support tests - 2010. If the or	ne 10c, column (f) Schedule A, Part ganization did n is box and sto anization did not	divided by line 1 III, line 17 ot check the bo p here . The org check a box on	ox on line 14, and ganization qualified line 14 or line 19	d line 15 is mor s as a publicly 9a, and line 16 i	18re than 331/3 %,supported organs more than 331/	ization ► 3 %, and
16 Sect 17 18 19 a	ion D. Computation of Investmen Investment income percentage for 2010 (lin Investment income percentage from 2009 33 1/3 % support tests - 2010. If the or 17 is not more than 33 1/3 %, check th 33 1/3 % support tests - 2009. If the organization	ne 10c, column (f) Schedule A, Part ganization did n is box and sto anization did not this box and s	divided by line 1 III, line 17 ot check the bo p here. The org check a box on top here. The c	ox on line 14, and ganization qualifies line 14 or line 19 rganization qualifie	d line 15 is mor s as a publicly 9a, and line 16 i es as a publicly	18 re than 331/3 %, supported organ s more than 331/ supported organ	and line ization ► 3 %, and ization ►

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Public Inspection Copy

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. 	OMB No. 1545-0047
Name of the organization	Employe	r identification number
COLONIAL FOX THEATR		160933 D V
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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

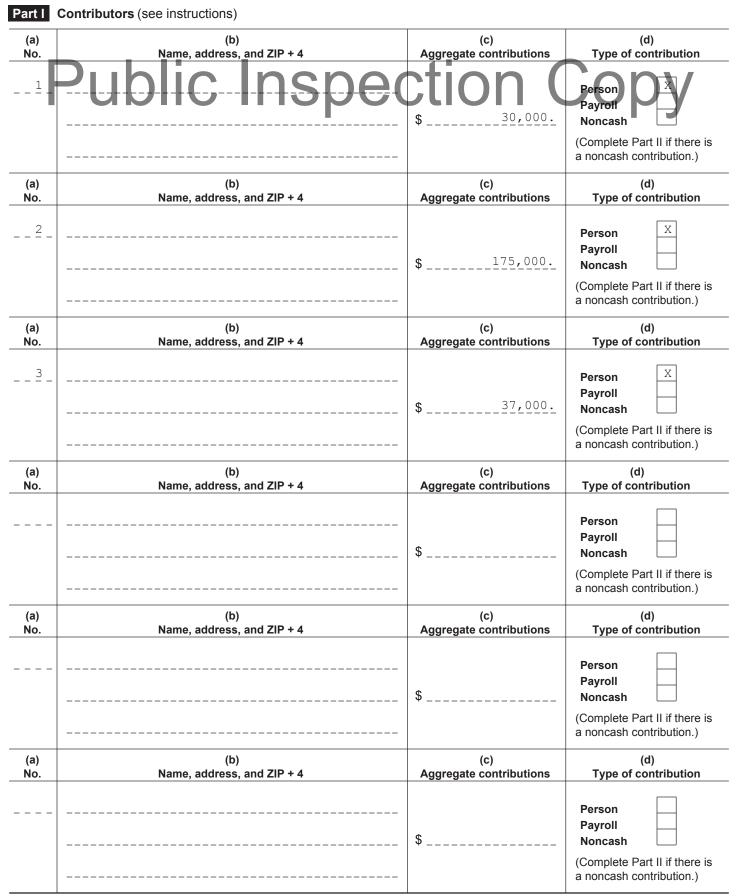
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify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

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

Schedule B	(Form	990,	990-EZ,	or 990	-PF)	(2010)
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Name of organization COLONIAL FOX THEATRE FOUNDATION

33-1160933



Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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(For	HEDULE D rm 990) rtment of the Treasury nal Revenue Service	Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.		OMB No. 1545-0047 2010 Open to Public Inspection	
	of the organization		Employer identification 33-116093		
Par	t I Organiza	CATRE FOUNDATION tions Maintaining Dopor Advised Funds or Other Similar Funds or on answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds		lete if the	
1	Total number at er	d of year			
2	Aggregate contribu	itions to (during year)			
3		rom (during year)			
4		end of year			
5	•	n inform all donors and donor advisors in writing that the assets held in donor a	advised	Yes No	
6	Did the organization used only for chari	nization's property, subject to the organization's exclusive legal control? n inform all grantees, donors, and donor advisors in writing that grant funds can table purposes and not for the benefit of the donor or donor advisor, or for any impermissible private benefit?	n be other	Yes No	
Par	t II Conserva	tion Easements. Complete if the organization answered "Yes" to For			
1	Purpose(s) of cons	ervation easements held by the organization (check all that apply).			
	Protection of Preservation	natural habitat Preservation of a of open space	an historically impo a certified historic s	structure	
2		through 2d if the organization held a qualified conservation contribution in the f	orm of a conservation	ion	
	easement on the la	ast day of the tax year.	Held at the Er	nd of the Tax Year	
а	Total number of co	nservation easements	2a		
a b		icted by conservation easements	2b		
c	-	vation easements on a certified historic structure included in (a)	2c		
d		vation easements included in (c) acquired after 8/17/06, and not on a sted in the National Register	2d		
3		vation easements modified, transferred, released, extinguished, or terminated b	by the organization	during the	
4		where property subject to conservation easement is located			
5	•	tion have a written policy regarding the periodic monitoring, inspection, handling	g of		
		prcement of the conservation easements it holds?		Yes No	
6	▶				
7	•	es incurred in monitoring, inspecting, and enforcing conservation easements du	uring the year		
8		vation easement reported on line 2(d) above satisfy the requirements of section			
•	(I) and 170(n)(4)(B)(ii)? be how the organization reports conservation easements in its revenue and exp		Yes No	
9	balance sheet, and	I include, if applicable, the text of the footnote to the organization's financial sta pointing for conservation easements.			
Pai	Complete	tions Maintaining Collections of Art, Historical Treasures, or Other if the organization answered "Yes" to Form 990, Part IV, line 8.			
1a		elected, as permitted under SFAS 116 (ASC 958), not to report in its re orical treasures, or other similar assets held for public exhibition, educa vide, in Part XIV, the text of the footnote to its financial statements that desc			
b	works of art, hist public service, pro	n elected, as permitted under SFAS 116 (ASC 958), to report in its revorted treasures, or other similar assets held for public exhibition, educativities the following amounts relating to these items:	ation, or research	in furtherance of	
		Ided in Form 990, Part VIII, line 1			
2		d in Form 990, Part X			
4	•	required to be reported under SFAS 116 (ASC 958) relating to these items:		gain, provide the	
а		I in Form 990, Part VIII, line 1			
b	Assets included in	Form 990, Part X	<u></u> . ▶ \$		
For F	Paperwork Reduction	Act Notice, see the Instructions for Form 990.	Schedule	e D (Form 990) 2010	
	8 1.000				

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-	ule D (Form 990) 2010			160933	Page 2
Par	t III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, o	or Other Similar	Assets(continued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other record	_	-	re a significant use of its
а	Public exhibition	d	Loan or exchan	ige programs	
b	Scholarly research	е	Other		
с 4	Preservation for future generations Provide a description of the organization's XIV.	collections and expla	in how they further	the organization's	s exempt purpose in Part
5	During the year, did the organization solicit	or receive donations o	f art, historical treasu	ures, or other simila	ar 📕 🦨
	assets to be sold to raise funds rather than	to be maintained as pa	rt of the organization	's collection? · · ·	· · · · Pres No
Par	t IV Escrow and Custodial Arrange			swered "Yes" to F	Form 990, Part IV,
	line 9, or reported an amount on	Form 990, Part X, lir	ne 21.		
			6 ()) ()		
1a	Is the organization an agent, trustee, custo or				
h	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XI V			Δ.	mount
с	Beginning balance				mount
d d	Additions during the year				
۵ ۵	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on				Yes No
	If "Yes," explain the arrangement in Part XI V				
Par			ed "Yes" to Form (00 Part IV line	10
ı aı		rent year (b) Prior ye			
1a	Beginning of year balance	(2) 100 92	(0)	(4)	(0)
b	Contributions				
c	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
e	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
a	End of year balance				
2	Provide the estimated percentage of the y e	ar end balance held as:			
a	Board designated or quasi-endowment	%			
b	Permanent endowment	/0			
c	Term endowment > %				
3a	Are there endowment funds not in the pos	session of the organizat	ion that are held and	administered for the	e
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				
b	If "Yes" to 3a(ii), are the related organizati or				
4	Describe in Part XIV the intended uses of th				
-	t VI Land, Buildings, and Equipmen	•			
i ui	Description of investment	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	(d) DOOK value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment		8,024.	2,229.	5,795.
e	Other		300,722.		300,722.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990. Part >		(c).)	306,517.
			,		

Schedule D (Form 990) 2010

Schedule D (Fo	rm 990) 2010		33-1160933	Page 3
Part VII	Investments - Other Securities. See F	orm 990, Part X, line	: 12.	
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
.,	I derivatives			
(3) Other (A) (B) (C)	Public Ins	spec	tion Co	ppy
(D) (E)		•		
<u>(F)</u> (G)				
<u>(H)</u> <u>(I)</u>				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 000 Part X line	13	
	(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Part X	(b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X	lino 25	· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Amount		
	al income taxes	(b) Amount		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.,			
2. FIN 48 (A	SC 740) Footnote. In Part XIV, provide the tex	t of the footnote to the	organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule	D (Form 990) 2010	33-1160933	Page 4
Part 2	Reconciliation of Change in Net Assets from Form 990	to Audited Financial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3		3	
4		4	
5		5	
6			
7	Prior period adjustments		
8	Investment expenses Prior period adjustments Other (Describe in Part XIV.)		μv
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combin	e lines 3 and 9 10	
Part 2	KII Reconciliation of Revenue per Audited Financial Stater	nents With Revenue per Return	
1	Total revenue, gains, and other support per audited financial statement	s <u>1</u>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
а		4a	
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,		
Part 2	KIII Reconciliation of Expenses per Audited Financial State	ments With Expenses per Return	
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		
С	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	
D	Other (Describe in Part XIV.)	40	
	Add lines 4a and 4b	//////////////////////////////////////	
5 Dort V	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I</i> Supplemental Information	line 18.) 5	
	ete this part to provide the descriptions required for Part II, lines 3, 5,		
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part ditional information.	Ann, innes 20 and 4b. Also complete this p	art to provide

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

33-1160933

COLONIAL FOX THEATRE FOUNDATION

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MEMBERSHIP

PART VI, SECTION A, QUESTIONS 6-7 ACTIVE MEMBERS WILL BE DESIGNATED EACH YEAR BY THE BOARD OF TRUSTEES AS THOSE WHO MAKE A MINIMUM CONTRIBUTION TO THE CORPORATION AS SPECIFIED BY THE BOARD OF TRUSTEES EACH YEAR AT THE ANNUAL MEETING. MEMBERSHIP RIGHTS WILL BE BASED IN A CURRENT CALENDAR YEAR ON A MINIMUM GIFT DURING THE PREVIOUS OR CURRENT CALENDAR YEAR.

TRUSTEES ARE ELECTED BY MAJORITY VOTE OF CURRENT TRUSTEES, NOT MEMBERS; HOWEVER MEMBERS MAY VOTE ON SPECIFIED ISSUES AND DECISIONS. AT EVERY MEETING, EACH MEMBER SHALL BE ABLE TO CASH ONE VOTE, WHICH MAY BE CAST EITHER IN PERSON OR BY PROXY. ALL PROXIES SHALL BE FILED IN WRITING WITH THE SECRETARY AND ENTERED IN THE MINUTES OF THE MEETING.

PROCESS TO REVIEW 990

PART VI, SECTION B, QUESTION 11B THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION. THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS REVIEW PRIOR TO SUBMISSION.

CONFLICT OF INTEREST POLICY PART VI, SECTION B, QUESTION 12C BOARD MEMBERS AND ANY PARTIES WITH DELEGATED POWERS ARE REQUIRED TO SIGN A WRITTEN CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. ANY MEMBER

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WITH A CONFLICT OR POTENTIAL CONFLICT OF INTEREST WOULD ABSTAIN FROM ection Copy ELATED TO THAT 'LI VOTIN

EXECUTIVE COMPENSATION

PART VI, SECTION B, QUESTION 15 THE PRIMARY OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETITIVE EXECUTIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH MARKET-BASED COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION. BOARD OF DIRECTORS REVIEWS, APPROVES, AND DOCUMENTS COMPENSATION.

GOVERNING DOCUMENTS

PART VI, SECTION C, QUESTION 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO BE VIEWED AT THE ORGANIZATION'S PLACE OF BUSINESS.