			Return of	Organizatio	n Exempt F	rom Inc	ome Tax	ŀ	OMB No. 15	45-0047
Form	g	90	Under section 501(c), 5	27, or 4947(a)(1) of th	ne Internal Revenu	e Code (excep	ot private foundat	ions)	201	14
	-		(),	r Social Security nun		· ·	•	,	Open to F	Public
		of the Treasury nue Service	Information	about Form 990 and	its instructions is a	at www.irs.gov	/form990.		Inspecti	on
A F	or the	e 2014 calei	ndar year, or tax year beg	linning	, 2014, a	nd ending			, 20	
			e of organization	, 0			D Employer ide	ntification	number	
B Ch	eck if ap	plicable:	LONIAL FOX THEATRE	FOUNDATION						
	Addre: cha nc		g Business As				33-1160	933		
	t Ľ	_{change} Num	ber and street (or P.O. box if mail BOX 33	is not delivered to street a		om/suite	E Telephone nu (620) 23		JV	
	Termii	nated City	or town, state or province, country	r, and ZIP or foreign posta	code					
	Ameno		ITSBURG, KS 66762				G Gross receipt	s \$	156	,695.
	Applic	ation F Nam	e and address of principal officer:	TALAAT YAG	HMOUR, TREAS	SURER	H(a) Is this a grou		Yes	X No
	, bourn	-	4 VILLAGE RD PITTS	BURG, KS 6676	2		subordinates H(b) Are all subordi		Yes	No
1 1	Tax-exe	empt status:	X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1) or	527	If "No," attac	h a list. (see i	nstructions)	
٦١	Vebsit	te: 🕨 WWW.	COLONIALFOX.ORG				H(c) Group exemp	tion number		
KF	orm c	of organization:	X Corporation Trust	Association Oth	er 🕨	L Year of form	ation: 2006 M	State of leg	al domicile:	KS
Ра	rt I	Summary								
	1	Briefly descri	be the organization's mission	or most significant act	vities: RESTORE	THE HIST	ORIC COLON	IAL FO	X THEAT	FRE
e			I ENDURING DYNAMIC	-						
and		LIFE AND	ECONOMIC VITALITY	Y FOR PITTSBUF	RG AND SURRO	UNDING CO	MMUNITIES.			
'ern	2	Check this bo	x ► if the organization	discontinued its oper	ations or disposed of	of more than 25	% of its net assets			
Governance			oting members of the governir	•	•		1	3		11.
<u>ەم</u>			dependent voting members of					4		11.
Activities &			of individuals employed in ca					5		4.
ť			of volunteers (estimate if nece					6		200.
Ac			ed business revenue from Part					7a		0
			business taxable income from					7b		0
-							Prior Year		Current Ye	ear
	8	Contributions	and grants (Part VIII, line 1h)				330,11	2.	141	,425.
Revenue	9	Program serv	vice revenue (Part VIII, line 2g)		COPY F	OR	16,45			,115.
eve	10	Investment in	ncome (Part VIII, column (A), li	nes 3, 4, and 7d)	PUBLIC INSF	PECTION		7.		81.
			e (Part VIII, column (A), lines				10	8.		74.
			e - add lines 8 through 11 (mu				346,74		156	,695.
			imilar amounts paid (Part IX, co				,	0		0
			to or for members (Part IX, co			•••••		0		0
			er compensation, employee be			•••••	55,14	0.	37	,036.
0			fundraising fees (Part IX, colun				42			246.
ied	b	Total fundrais	sing expenses (Part IX, column	(D), line 25)	373.	•••••				
ш	17	Other expens	ses (Part IX, column (A), lines	11a-11d. 11f-24e)			67,40	2.	71	,396.
			es. Add lines 13-17 (must equ				122,96			678.
			expenses. Subtract line 18 fro				223,78	1.	48	3,017.
	-						inning of Current Y		End of Yea	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				1,248,90		1,317	,117.
Ass J Ba			s (Part X, line 26)				1,46			581.
Punet			fund balances. Subtract line				1,247,43	9.	1,316	,536.
Par	't II	Signatur	e Block							
Und	er pen	alties of perjury	, I declare that I have examined	this return, including acc	companying schedules	and statements,	and to the best of	my knowle	edge and be	elief, it is
true,	corre	ct, and complet	e. Declaration of preparer (other th	an officer) is based on all	information of which	preparer has any	knowledge.			
Sig		Signatu	re of officer				Date			
Her	е									
		Type or	print name and title							
		Print/Type pre	parer's name	Preparer's signature		Date	Check	if PTIN		
Paid		BRIAN D	TODD		COPY	08/07/20			422601	
Prep		Firm's name	▶ BKD, LLP	1)		44-016		
Use	Only		▶ PO BOX 1824 JOP	LIN, MO 64802	-1824		-	417-62		
Mav	the IF		is return with the preparer sho						Yes	No
			ion Act Notice, see the separ						Form 990	
										、-··/
JSA										

Form	0	0	C	0
Form	ο	ο	Ο	ο

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

х

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only . . . All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time

to file income tay returns

to file incom	ne tax returns.	Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	COLONIAL FOX THEATRE FOUNDATION	33-1160933
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
filing your	PO BOX 33	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instr	ructions.
instructions.	PITTSBURG, KS 66762	

Application	Return	Application	Return
Is 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 4720 (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)	06	Form 8870	12

The books are in the care of DWHEELER & MITCHELSON, CHTD., 4TH & BROADWAY PITTSBURG, KS 66762

т	elephone No. ▶ 620 231-4650 FAX No. ▶				
• If	the organization does not have an office or place of business in the United States, check this box				٦
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		S (S)	If this is	
for	the whole group, check this box		and	d attach	
	t with the names and EINs of all members the extension is for.				
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				_
	until 08/15, 20 15, to file the exempt organization return for the organization named at	oove	ə. Tl	he extension i	S
	for the organization's return for:				
	► X calendar year 20 14 or				
	tax year beginning, 20, and ending,	20			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return	n			
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions.	3a	\$		0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS				
	(Electronic Federal Tax Payment System). See instructions.	30	\$		0
	tion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form ructions.	n 88	79-8	EO for payment	t

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

Form 886	8 (Rev. 1-2014)			Page 2
 If you 	are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II and check this box	▶X
Note. O	nly complete Part II if you have already been gran	nted an aut	omatic 3-month extension on a previously filed Form 886	8.
 If you 	are filing for an Automatic 3-Month Extension, c	omplete o	nly Part I (on page 1).	
Part II		tension o	f Time. Only file the original (no copies needed).	
			Enter filer's identifying number, se	
	Name of exempt organization or other filer, see in	structions.	Employer identification number (EIN) or
Type o	COLONIAL FOX THEATRE FOUNDAT		COPY 33-1160933	
	Number, street, and room or suite no. If a P.O. bo	x, see instruc	tions. Social security number (SSN)	Y
File by the due date	for PO BOX 33			
filing you return. Se		a foreign ad	dress, see instructions.	
instruction	ns. PITTSBURG, KS 66762			
Enter th	he Return code for the return that this application	is for (file a	a separate application for each return)	
Applic	ation	Return	Application	Return
Is For		Code	Is For	Code
	990 or Form 990-EZ	01		
	990-BL	02	Form 1041-A	08
Production of the local division of the loca	4720 (individual)	03	Form 4720 (other than individual)	09
	990-PF	04	Form 5227	10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
And the owner of the local division of the l	990-T (trust other than above)	06	Form 8870	12
STOPI	Do not complete Part II if you were not already	granted a	n automatic 3-month extension on a previously filed Fo	rm 8868.
-			CHTD., 4TH & BROADWAY PITTSBURG, KS 6	
	phone No. ► 620 231-4650		Fax No. ►	
• If th	e organization does not have an office or place of	business i	n the United States, check this box	🕨 🔲
	is is for a Group Return, enter the organization's fo			this is
for the	whole group, check this box	If it is for p	art of the group, check this box h and a	ittach a
	the names and EINs of all members the extension			
	request an additional 3-month extension of time u		11/15 , 20 15 .	
	or calendar year 2014, or other tax year beginn		, 20 , and ending	, 20 .
6 1	the tax year entered in line 5 is for less than 12 n	nonths, che		
	Change in accounting period	CUMENT	1 .	
7 5	State in detail why you need the extension ATTA	CHIENI		
-		10 I I I I I	and the second sec	
		00 T 470	in an COCO aster the testative tax lace any	
	f this application is for Forms 990-BL, 990-PF, 9	990-1, 472	U, or 6069, enter the tentative tax, less any	0
ŗ	nonrefundable credits. See instructions.		8a \$	0
Ы	f this application is for Forms 990-PF, 990-T	, 4720, 0	or 6069, enter any refundable credits and	
	estimated tax payments made. Include any p	rior year	overpayment allowed as a credit and any	0
2	amount paid previously with Form 8868.		8b \$	0
	Balance Due. Subtract line 8b from line 8a. Include			0
(Electronic Federal Tax Payment System). See instr		8c \$	0
00 D			ust be completed for Part II only.	
Under knowle	penalties of perjury, I declare that I have examined edge and belief, it is true, correct, and complete, and that	this form, i I am author	ncluding accompanying schedules and statements, and to t ized to prepare this form.	he best of my
Signatu			Title ► CPA Date ► 08/0	7/2015
orginatu				58 (Rev. 1-2014)

REASON FOR 2ND EXTENSION

AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE

	COLONIAL FOX THEATRE FOUNDATION	33-1160933
For	m 990 (2014)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO ACQUIRE, MAINTAIN AND OPERATE THE HISTORICAL COLONIAL-FOX THEATRE	
	BUILDING IN PITTSBURG, KS IN ORDER TO BE TO BE AN ENDURING DYNAMIC	
	CULTURAL CENTER ENRICHING THE QUALITY OF LIFE AND ECONOMIC VITALITY	
	OF PITTSBURG AND SURROUNDING COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed prior Form 990 or 990-EZ?	d on the Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gran	its and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: 711110) (Expenses \$ 101,346. including grants of \$) (Revenue \$	15 115)
	TO ACQUIRE, MAINTAIN AND OPERATE THE HISTORIC COLONIAL FOX THEATRE	,
	BUILDING IN PITTSBURG, KS IN ORDER TO BE AN ENDURING DYNAMIC	
	CULTURAL CENTER ENRICHING THE QUALITY OF LIFE AND ECONOMIC	
	VITALITY FOR PITTSBURG AND SURROUNDING COMMUNITIES. TO PROMOTE,	
	CONDUCT, AND CARRY ON CHARITABLE, CULTURAL, RECREATIONAL, AND	
	EDUCATIONAL PROGRAMS FOR THE CITIZENS OF PITTSBURG, KS, AND THE	
	SURROUNDING COMMUNITIES. ALSO TO PROMOTE THE HISTORY AND HERITAGE	
	OF THE COMMUNITY AND ITS LANDMARKS.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40		/
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	

Form 0	COLONIAL FOX THEATRE FOUNDATION 33-116 90 (2014)	0933	,	Page 3
Part			F	age J
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	XX	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	· <u> </u>		
5		3 _	_	х
4	candidates for public office? If "Yes," complete Schedule C. Part I. 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.	O_{1}		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? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	· /		
0	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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
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,"	44-	X	
h	complete Schedule D, Part VI Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	<u>11a</u>	A	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40 -	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. Parte XI and XII	12a		x
h	complete Schedule D, Parts XI and XII 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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			Х
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			37
4.0	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	·		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

JSA

Form 99			ŀ	Page 4
Part I	V Checklist of Required Schedules (continued)		N	N.
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants 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	V	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
b	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			
Ũ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
5	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, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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 Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

Form 990 (2014)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			0
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	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			
2a	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Fransmittal of Wage and Tax	1c	X	
h	Statements, filed for the calendar year ending with or within the year covered by this return _ 2a 4 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	21	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	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		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C L		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.0		
-	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:	30		
	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

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Form 9	290 (2014) COLONIAL FOX THEATRE FOUNDATION 33-116)933		Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
0	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	X
Sect	tion A. Governing Body and Management		N	N.
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		IJ	V	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
3	any other officer, director, trustee, or key employee?	-		
3	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	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Cod		Λ
Jecu	on b. Toncies (This Section Direquests information about policies not required by the internal Revenue	Cou	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X X
b	Other officers or key employees of the organization	15b		Λ
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
b	with a taxable entity during the year?	104		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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 (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
• •	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record WHEELER & MITCHELSON, CHTD. 4TH & BROADWAY PITTSBURG, KS 66762 620-231-4650	s: 🕨		
JSA		Form	990	(2014)

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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 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institution al trustee or director		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
		¢.	tee		sated				
_(1)DR_GINA_PINAMONTI PRESIDENT	2.00	x		Х			0	0	0
_(2)BRENT_CASTAGNO DIRECTOR	1.00	X					0	0	0
(3)STELLA_HASTINGS SECRETARY	2.00	x		Х			0	0	0
	1.00	X					0	0	0
(5)GREG_SHAW VICE_PRESIDENT	2.00	X		х			0	0	0
(6)DR TALAAT YAGHMOUR TREASURER	3.00	x		x			0	0	0
(7)CYNTHIA HARVEY DIRECTOR	1.00	x					0	0	0
(8) JEANNETTE MINNIS DIRECTOR	1.00	x					0	0	0
(9)JOE LEVENS DIRECTOR	1.00	x					0	0	0
(10)CHANTAL MARJI DIRECTOR	1.00	x					0	0	0
(11) SARTAH JENSEN RUNYON DIRECTOR-JOINED JULY 2014	1.00	x					0	0	0
(12)VONNIE CORSINI EXECUTIVE DIRECTOR	60.00	-		x			0	0	0
(13)		-							
(14)		-							

Form 990 (2014)												Page 8
Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not cl unles	(C Posi neck ss per d a di	;) ition more rson i irecto	than or s both a	ne an	(D) Reportable compensation from the	(E) (E) Reportable compensation fro related organizations		(F) Estimat amount other compens	t of ation
Public I	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC		from the organization and relation organization	tion ted
		_										
	-+											
		-										
		-										
		-										
	-+											
1b Sub-total								0		0		0
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	=		•••			•••		0		0		0
 2 Total number of individuals (including but no reportable compensation from the organization) 	t limited to t		liste				re	-				
											Ye	s No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scher											3	X
4 For any individual listed on line 1a, is the organization and related organizations g	sum of rep	oortab		:omp 002	pens If	sation "Yes	ar ″	nd other compens	sation from the			
individual			••								4	X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5	x
Section B. Independent Contractors												
1 Complete this table for your five highest concompensation from the organization. Report year.											tax	
(A) Name and business ad	ddress							(B) Description of se	rvices	Com	(C) pensatio	n
2 Total number of independent contractors (including h	ut pot	lim	vitor	1 +~	thee		stad abova) what	received			
more than \$100,000 in compensation from t				meu		0	σII	sieu abuvej wilo				

Form	990	(201	4)
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Par	't VIII						
		Check if Schedule O contains a respor	ise or note to an	-			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b 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: \$ Total. Add lines 1a-1f	133,793.	ecti	on (Cop	У
ani			Business Code	111,123.			
Service Revenue	2a b c d	PROGRAM SERVICE REVENUE	711110	15,115.	15,115.		
E	e						
Program	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		15,115.			
	3	Investment income (including dividen and other similar amounts)	•	81.			81.
	4 5	Income from investment of tax-exempt bond Royalties		0			
	6a b c	Gross rents					
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(ii) Other	0			
le	d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	· · · · · · · •	0			
Other Revenue		events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
the		Less: direct expenses b					
0	с 9а	Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV, line 19 a		0			
	b c	Less: direct expenses b Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances		0			
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		74.	74.		
		Miscellaneous Revenue	Business Code		, 1.		
	11a						
	b						
	с						
	d	All other revenue					
_	е 12	Total. Add lines 11a-11dTotal revenue. See instructions		0 156,695.	15,189.		81.

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				ons must complete colur	
	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22	nspe	ctio	n Co	NV
3	organizations, foreign governments, and foreign				r J
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	0			
	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	26,937.	25,771.	1,134.	32
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	827.	791.	35.	-
10	Payroll taxes	9,272.	8,871.	390.	11
	Fees for services (non-employees): Management	0			
	Legal	0			
	Accounting	2,500.		2,500.	
	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17 Investment management fees	246. 0			24
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).	3,555.	3,401.	150.	
12	Advertising and promotion	6,895.	6,597.	290.	8
3	Office expenses	23,050.	22,052.	970.	28
4	Information technology	2,709.	2,592.	114.	
5	Royalties	0			
	Occupancy	23,017.	22,020.	969.	2
7 8	Travel Payments of travel or entertainment expenses	673.	644.	28.	
	for any federal, state, or local public officials	0 447.	407	1.0	
	Conferences, conventions, and meetings	447.	427.	19.	
20 21	Interest Payments to affiliates	0			
22	Depreciation, depletion, and amortization	326.	312.	14.	
23	Insurance	7,273.	6,958.	306.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) DUES & SUBSCRIPTIONS	951.	910.	40.	
a r		231.		. טד	
u n					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	108,678.	101,346.	6,959.	373
	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)				

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Form 990 (2014)

Page 1	1
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_				Page II
Ра	rt X		urt V	
		Check if Schedule O contains a response or note to any line in this Pa		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	9,475. 1	6,390.
	2	Savings and temporary cash investments	153,367. 2	177,448.
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	9,4	
	5	Loans and other receivables from current and former officers, directors,		Μy
		trustees, key employees, and highest compensated employees.		•
	~	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0 5	(
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers		
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		,
ts	_	organizations (see instructions). Complete Part II of Schedule L	0 6 0 7	(
Assets	7	Notes and loans receivable, net		(
Š	8	Inventories for sale or use	0 8 0 9	(
	9	Prepaid expenses and deferred charges	09	(
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a1,138,053.		
	h	Less: accumulated depreciation	1,086,030. 10c	1,133,279.
	11	Investments - publicly traded securities	0 11	(
	12	Investments - other securities. See Part IV, line 11	0 12	C
	13	Investments - program-related. See Part IV, line 11	0 13	C
	14	Intangible assets		C
	15	Other assets. See Part IV, line 11	30. 15	C
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,248,902. 16	1,317,117.
	17	Accounts payable and accrued expenses	1,463. 17	581.
	18	Grants payable	0 18	C
	19	Deferred revenue	0 19	C
	20	Tax-exempt bond liabilities	0 20	0
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0 21	
oilit	22	Loans and other payables to current and former officers, directors,		
Liak		trustees, key employees, highest compensated employees, and	0.00	(
	22	disqualified persons. Complete Part II of Schedule L	0 22	C
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0 23	C
	24 25	Other liabilities (including federal income tax, payables to related third		C.
	20	parties, and other liabilities not included on lines 17-24). Complete Part X		
		of Schedule D	0 25	C
	26	Total liabilities. Add lines 17 through 25	1,463. 26	581.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 📃 and		
ces		complete lines 27 through 29, and lines 33 and 34.		
ano	27	Unrestricted net assets	27	
Bal	28	Temporarily restricted net assets	28	
Fund Balances	29	Permanently restricted net assets	29	
ŗ		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.		
ets	30	Capital stock or trust principal, or current funds	0 30	C
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0 31	C
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	1,247,439. 32	1,316,536.
Ň	33	Total net assets or fund balances Total liabilities and net assets/fund balances	1,247,439. 33	1,316,536.
	34	The first Product Providence of the state of	1,248,902. 34	1,317,117.

COLONIAL	FOX	THEATRE	FOUNDATION

Form 9	90 (2014)			Pa	ge 12
Part	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	56,6	595.
2	Total expenses (must equal Part IX, column (A), line 25)		1	08,6	578.
3	Revenue less expenses. Subtract line 2 from line 1			48,0)17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,2	47,4	139.
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6				0
6	Donated services and use of facilities			13,5	555.
7	Investment expenses			<u>y</u>	0
8	Prior period adjustments	-		7,5	525.
9	Other changes in net assets or fund balances (explain in Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B)) 10		1,3	16,5	536.
Part					
	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explait Schedule O.	n in			
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compile	d or	Za		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b		х
b	Were the organization's financial statements audited by an independent accountant?		20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of separate basis, consolidated basis, or both:	on a			
	Separate basis, consolidated basis, or both.				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent account	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, expla				
	Schedule O.				
30	As a result of a federal award, was the organization required to undergo an audit or audits as set for	h in			
Jd	the Single Audit Act and OMB Circular A-133?		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2014)

SCHE	DU	LE	Α
(Form	990	or	990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

4

2

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.

Internal Revenue Service	n about Schedule A	(Form 990 or 990-EZ) a			is at www.irs.gov/form9	990. Inspection
Name of the organization					Employer iden	tification number
COLONIAL FOX THEATRE FOUR	NDATION		_		33	-1160933
Part I Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions	
 The organization is not a private four 1 A church, convention of church 2 A school described in section 3 A hospital or a cooperative 4 A medical research organization operated for 5 An organization operated for 	urches, or associa on 170(b)(1)(A)(ii) hospital service o zation operated in tate:	tion of churches desc . (Attach Schedule E.) rganization described conjunction with a hos	ribed in s in sectio spital des	ection 1 n 170(b) scribed in	70(b)(1)(A)(i). n(1)(A)(iii). n section 170(b)(1)(A)	
section 170(b)(1)(A)(iv). (C 6 A federal, state, or local go 7 X An organization that normalization	Complete Part II.) overnment or gove ally receives a sub	rnmental unit describe ostantial part of its su	d in sect	ion 170(b)(1)(A)(v).	
 described in section 170(b) A community trust describe An organization that normal receipts from activities relased support from gross invession acquired by the organization An organization organization activities acquired by the organization activities acquired by the organization activities activi	ed in section 170(k ally receives: (1) n ated to its exemp tment income an n after June 30, 19	b)(1)(A)(vi). (Complete nore than 331/3% of t functions - subject d unrelated business 975. See section 509	its suppo to certa taxable (a)(2). (0	in excep income Complete	otions, and (2) no mo e (less section 511 e Part III.)	ore than 331/3% of its
11 An organization organized a one or more publicly suppo the box in lines 11a through	rted organizations	described in section ! es the type of support	5 09(a)(1 ing orga) or sect nization	ion 509(a)(2). See see and complete lines 11	ction 509(a)(3). Check e, 11f, and 11g.
a Type I. A supporting orgative the supported organization organization. You must companization. You must companization. Type II. A supporting org	on(s) the power to omplete Part IV, S	regularly appoint or e	elect a m	ajority o	f the directors or trus	tees of the supporting
control or management of organization(s). You must c Type III functionally inter its supported organization	of the supporting of the supporting of the support	organization vested in , Sections A and C . ng organization opera	the sam	e persor onnectio	ns that control or mar	age the supported
d Type III non-functionally that is not functionally inter requirement (see instruct	egrated. The organions). You must co	nization generally mus	t satisfy ions A a	a distrib nd D, an	oution requirement and d Part V .	d an attentiveness
e Check this box if the orga						II, Type III
functionally integrated, or f Enter the number of supported		lionally integrated sup	porting c	organiza	lion.	
g Provide the following information	-	orted organization(s)				••••
(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section (see instructions))	listed in yo docu	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(Δ)			Yes	No		
(A) (B)						
(B)						
(C)						
(D)						
(E)						
Total For Paperwork Reduction Act Notice, s	ee the Instructions for	pr			Schedule A	(Form 990 or 990-EZ) 2014
Form 990 or 990-EZ.		-			conourio P	

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Page 2

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

	Sec	tion A. Public Support						
minuber in the services of facilities 0 2 Tax revenues levied for the organization's benefit and either paid to or operated on its behalf 0 3 The value of services or facilities from the organization without charge	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
or ganization's benefit and either paid to or expended on its behavior. 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 274,995, 277,142, 303,498, 530,112, 141,420, 1,327,173, 0 4 Total Add lines 1 through 3,, or publicly supported organization) included on line 1 that exceeds 226 the amount shown on line 11, column (0,, d) 274,995, 277,142, 303,498, 530,112, 141,420, 1,327,173, 0 5 The portion of total contributions by governmental unit or publicly supported organization) included on line 1 that exceeds 226 the amount shown on line 11, column (0,, d) 329,208, 0 6 Cost Income from instrest, dividends rents, required on securities lagast rents, required on securities lagast interguinty carried on securities lagast is regularly carried on securities lagast is regularly carried on the business activities, whether or not include gain or 0 Other income. Do not include gain or 10 Other income. Do not include gain or 11 Total support Add lines 7 through 10. 12 50,242, 13,223,243, 297, 67, 81, 927, 14,223,243, 297, 67, 81, 927, 14,223,243, 14,223,243, 14,223,243, 15,224,253,254, 15,255,254,273,273, 16,255,255,255,255,255,255,255,255,255,25	-	membership fees received. (Do not include any "unusual grants.")	In 374,95	pe	303 499.	330,112.	141,425.	1,327,173.
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid		•			•	0
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 line 4. 439,208. 6 Public support: Subtract line 5 from line 4. aar.oss. 7 Amounts from line 4	3	furnished by a governmental unit to the						0
each person (other than a governmental unit 4.39, 208 governmental inclicitate exceeds 2% of the amount 4.39, 208 4.39, 208 4.39, 208 6 Public support. Subtract line 5 from line 4. 1 1 867, 955 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total A mounts from line 4. 2/5, 925. 277, 142. 303, 499. 330, 112. 1, 327, 327 7 Amounts from line 4. 2, 134. 297. 67. 83 5, 745 9 Net income from unrelated business activities, whether or not the business is regularly carried on	4	Total. Add lines 1 through 3	274,995.	277,142.	303,499.	330,112.	141,425.	1,327,173.
6 Public support. Subtract line 5 from line 4. 887,965. Section B. Total Support (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on						
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4								439,208.
Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 274,995 277,142 303,499 330,112 141,425 1,327,173 8 Gross income from interest, dividends, reits, royatiles and income from similar sources 31,167 2,134 297 67 81 5,746 9 Net income from unrelated business activities, whether or not the business is regularly carried on . <	6							887,965.
7 Amounts from line 4 274,995. 277,142. 303,499. 330,112. 141,425. 1,327,173. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 3,167. 2,134. 297. 67. 81. 5,746. 9 Net income from unrelated business is regularly carried on . 3,167. 2,134. 297. 67. 81. 5,746. 9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 1. 1.332,919. 0 10 Other income. Do not include gain or loss receipts from related activities, etc. (see instructions) 12 50,242. 12 Gross receipts from related activities, etc. (see instructions) 12 50,242. 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) 0 14 66.62.9% 15 45.36.9% 15 45.36.9% 15 45.36.9% 15 45.36.9% 15 45.36.9% 15 45.36.9% 15 45.36.9% 15 14 66.6.2.9% 15 45.36.9% 16 331/3% support test - 2013. I			(2) 2010	(b) 2011	(a) 2012	(4) 2012	(a) 2014	
8 Grass income from initiars, dividends, repts, royalties and income from similar sources. 3,167. 2,134. 297. 67. 81. 5,746. 9 Net income from unrelated business activities, whether on ot the business is regularly carried on					. ,	,	,	
payments received on securities toans, rents, royalties and income from similar sources 3,167. 2,134. 297. 67. 81. 5,746. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 11 Total support. Add lines 7 through 10 12 50.242. 12 Gross receipts from related activities, etc. (see instructions) 12 50.242. 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) 0 2 Section C. Computation of Public Support Percentage 14 66.62 %. 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 66.62 %. 15 Public support percentage from 2013 Schedule A, Part II, line 14 13. 31/3 % or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 12 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, nd line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. E			274,995.	277,142.	303,499.	330,112.	141,425.	1,327,173.
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9 Net income from unrelated business activities, whether or not the business is regularly carried on			3 167	2 134	297	67	81	5 746
activities, whether or not the business is regularly carried on			5,107.	2,131.	201.			5,740.
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supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								•
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						-	-	
	18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	;
		instructions	<u></u> .	<u></u>	<u></u> .	<u></u>	<u></u> .	<u></u> ►

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support	(a) 2010	(b) 2011	(c) 2012	(d) 2013	1-)2014	(f) Total
	ndar year (or fiscal year beginning in)		(D) 2011	(C) 2012	(a) 2013	(e)2014	(1) 101ai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	INS	pe	CTIC	n(J	0ľ)V
	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							
	furnished by a governmental unit to the							
	organization without charge							
	Total. Add lines 1 through 5							
ıa	Amounts included on lines 1, 2, and 3 received from disgualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
~	or 1% of the amount on line 13 for the year Add lines 7a and 7b.							
8	Public support (Subtract line 7c from							
	line 6.)							
ec	tion B. Total Support	1	1		1			I
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6							
0 a	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							
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
3	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
4	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a s	ection 501	(c)(3)
	organization, check this box and stop here							▶
	tion C. Computation of Public Sup							
5	Public support percentage for 2014 (line 8					15		%
6	Public support percentage from 2013 Scho					16		%
	tion D. Computation of Investme							
7	Investment income percentage for 2014 (li					17		%
8	Investment income percentage from 2013					18	0.0 + += 0/	%
9 a	331/3% support tests - 2014. If the or							
ı.	17 is not more than 331/3%, check the	-	-	•			-	
b	331/3% support tests - 2013. If the organized line 18 is not more than 331/3%, check							
		ing not and s						
20	Private foundation. If the organization		•	•		• •	0	

Yes No

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) 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.)

10b Schedule A (Form 990 or 990-EZ) 2014

	COLONIAL FOX THEATRE FOUNDATION 33-116	0933		
Schedu	ıle A (Form 990 or 990-EZ) 2014			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	T		
'	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		
Secti	on 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		
Secti	on 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, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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		
Secti	on 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 year (see in	structi	ions):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		

2	Activities Test. Answer (a) and (b) below.
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? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> 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.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more

- **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.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** 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? *Provide details in Part VI.*
- 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.

2a

2b

3a

3b

Yes No

4E1230 2.000

Schedule A (Form 990 or 990-EZ) 2014			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must com Section A - Adjusted Net Income	ipiete	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain 2 Recoveries of prior-year distributions	1		
3 Other gross income (see instructions) 4 Add lines 1 through 3	3	n Cc	DV
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
			1 .1 .1

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

	le A (Form 990 or 990-EZ) 2014 V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page 7
Part	on D - Distributions	Supporting Organizat	ions (continued)	Current Year
				Current rear
	Amounts paid to supported organizations to accomplish ex		1	
2	Amounts paid to perform activity that directly furthers exer	ea		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	
4	Amounts paid to acquire exempt-use assets	n (`		
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 organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
ę	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
 g	Applied to underdistributions of prior years			
 h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
4	D, line 7: \$			
	Applied to underdistributions of prior years			
a				
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

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

Public Inspection Copy

Schedule B (Form 990, 990-EZ,	Schedule of Contributors	OMB No. 1545-0047						
or 990-PF) Department of the Treasury Internal Revenue Service	Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.							
Name of the organizatio	ame of the organization Employer identification number							
COLONIAL FOX TH		160933						
Organization type (ch	Organization type (check one): CISOECLIOI COOV							
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

Solution 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 the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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.

Name of organization COLONIAL FOX THEATRE FOUNDATION

Employer identification number 33-1160933

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
¹ -	Public Inspec	\$16,000.	Person Payrolf Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3 _		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4 _		\$10,294.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5 _		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA

Name of organization COLONIAL FOX THEATRE FOUNDATION

Employer identification number 33-1160933

art I Contr	ibutors (see instructions). Use duplicate copies	of Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- ⁷ P	ublic Inspe	Ection (*6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- 8		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- <u>9</u> 		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

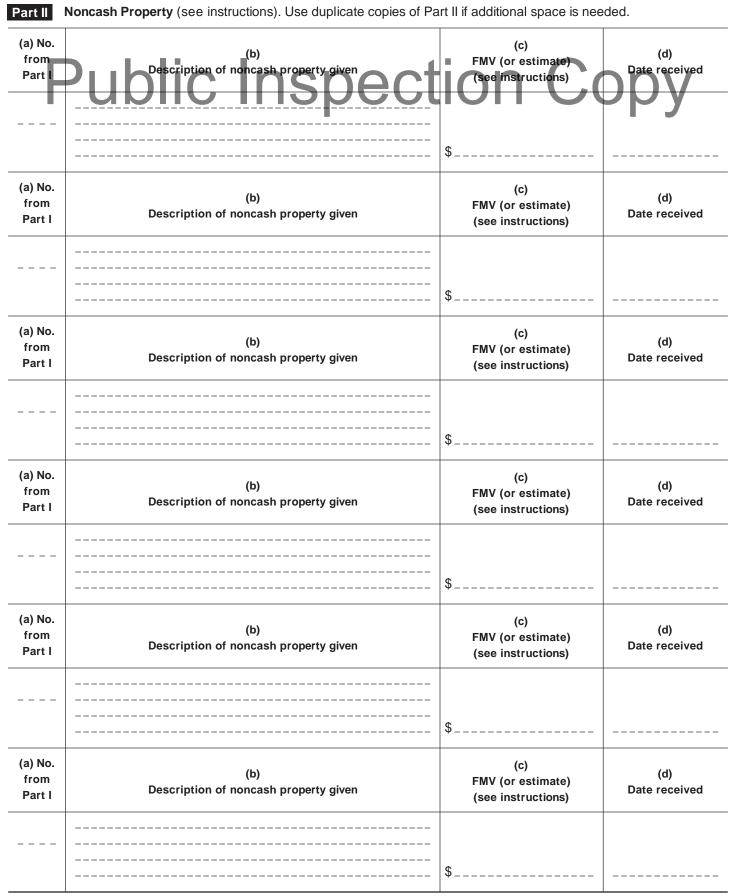
Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA

Name of organization COLONIAL FOX THEATRE FOUNDATION

Employer identification number

33-1160933



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JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of o	rganization COLONIAL FOX THEATRE F	OUNDATION		Employer identification number			
				33-1160933			
Part III	Exclusively religious, charitable, etc. that total more than \$1,000 for the y following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	year from any one o s completing Part III, e year. (Enter this in	contributor. Completenter the total of ex formation once. See	ete columns (a) through (e) and the clusively religious, charitable, etc.,			
(a) No. from Part I	PU (b) Purpose of gift	Spe	of gift IOF	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip 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) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip 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, ar	nd ZIP + 4	Relations	hip 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, ar	nd ZIP + 4	Relations	hip of transferor to transferee			

JSA 4E1255 1.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

(Foi	IEDULE D 'm 990)	Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ► Attach to Form 990.	2b.	AB No. 1545-0047
	rtment of the Treasury al Revenue Service	Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.		spection
	of the organization		Employer identification r	
COL		ATRE FOUNDATION	33-1160933	
Pa	rt I Organiza Complete	tions Maintaining Donor Advised Funds or Other Similar Funds or A if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	Accounts.	raccounts
1	Total number at e	nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		
5	•	on inform all donors and donor advisors in writing that the assets held in		
•	-	nization's property, subject to the organization's exclusive legal control?		Yes No
6	-	on inform all grantees, donors, and donor advisors in writing that grant fun purposes and not for the benefit of the donor or donor advisor, or for any		
	,	issible private benefit?	, i i	Yes No
Ра		tion Easements.		
		if the organization answered "Yes" to Form 990, Part IV, line 7.		
1		servation easements held by the organization (check all that apply).		
			a historically importa	
			f a certified historic st	tructure
2		n of open space through 2d if the organization held a qualified conservation contribution in <u>t</u> l	he form of a concerv	ation
2		ast day of the tax year.	Held at the End	
а			2a	
b			2b	
с	Number of conser	vation easements on a certified historic structure included in (a)	2c	
d		rvation easements included in (c) acquired after 8/17/06, and not on a		
_			2d	
3		rvation easements modified, transferred, released, extinguished, or termina	ted by the organization	ion during the
4		where property subject to conservation easement is located ▶		
5		ation have a written policy regarding the periodic monitoring, inspectio	on, handling of	
•		orcement of the conservation easements it holds?		Yes No
6		r hours devoted to monitoring, inspecting, and enforcing conservation ease		
	▶			
7	•	es incurred in monitoring, inspecting, and enforcing conservation easement	s during the year	
•	►\$			
8		vation easement reported on line 2(d) above satisfy the requirements of sector(4)(B)(ii)?		Yes No
9	In Part XIII, descri balance sheet, an	be how the organization reports conservation easements in its revenue and e d include, if applicable, the text of the footnote to the organization's financia ounting for conservation easements.	expense statement, ar	nd
Ра		tions Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.	
	Complete	if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization works of art, hist public service, pro	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 XIII, the text of the footnote to its financial statements that descr	venue statement and ation, or research in ribes these items.	d balance sheet furtherance of
b	works of art, hist public service, pro	n elected, as permitted under SFAS 116 (ASC 958), to report in its revorted and the similar assets held for public exhibition, educative the following amounts relating to these items:	ation, or research in	furtherance of
		ded in Form 990, Part VIII, line 1		
	.,	d in Form 990, Part X.		
2	•	n received or held works of art, historical treasures, or other similar as	•	ain, provide the
а		required to be reported under SFAS 116 (ASC 958) relating to these items: in Form 990, Part VIII, line 1		
b		Form 990, Part X.		
		Act Notice, see the Instructions for Form 990.		D (Form 990) 2014
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_	<u>`</u>	Form 990) 2014														Page 2
Par	't III	Organizations	Maintainin	g Colleo	ctions of	f Art,	, Histo	rical	Treasu	res,	or Oth	er Simil	ar Ass	ets (col	ntinu	ed)
3	Using	g the organizatio	on's acquisition	n, access	sion, and	other	records	s, che	ck any d	of the	follow	ing that a	are a si	gnificant	use	of its
	-	ction items (chec	-		,				,			0	·	0		
а		Public exhibition		,		c	l k	Loan	or exch	ange	program	ns				
b		Scholarly resea	rch	_		e	•	Othe	r							
с		Preservation fo	r future gener	ations												
4	Provie XIII.	de a description	of the organ	ization's	collection	s and	explair	how	they fu	rther	the org	ganization	's exem	pt purpo	se in	Part
5	Durin	g the year, did th	ne organizatio	n solicit o	r receive	donati	ions of a	art, his	storical ti	reasu	res, or o	other simi	lar	1 v		
	asset	s to be sold to ra	ise funds rath	er than to	be maint	ained	as part	of the	e organiz	ation	s collec	tion?		Yes	;	No
Par	rt IV	Escrow and C or reported a						orga	nization	ans	wered	"Yes" to	Form 9	90, Part	IV, li	ne 9,
1a		organization an	-					-								
h		ded on Form 990 s," explain the a								• • •	• • • •	• • • • •	• • • •	Yes		No
D	11 10		mangement in			piere		wing to	abie.			^	mount			
с	Regin	ning balance								1c		1	inount			
d		ions during the y								1d						
e		butions during th														
f		ng balance														
2a		ne organization ir									stodial	account lia	ability?	Yes	;	No
b	lf "Ye	s," explain the a	rrangement in	Part XIII	. Check h	ere if	the exp	lanatio	on has be	en pr	ovided i	n Part XIII				
Par	't V	Endowment F	-unds. Comp	olete if t	he organ	izatio	n answ	/ered	"Yes" to	o For	m 990	, Part IV,	line 10			
				(a) Cur	rent year	((b) Prior y	ear	(c) Tv	vo yeai	s back	(d) Three	years back	: (e) Fou	ır years	back
		nning of year bala														
b	Contr	ributions														
С		nvestment earnin	0.0													
	and lo	osses														
		ts or scholarships														
е		r expenditures fo														
		orograms														
		nistrative expens														
-		of year balance				<u> </u>			<u> </u>							
2		de the estimated					alance (line 1	g, columi	n (a))	held as:					
a	Board	d designated or o	juasi-endowm	ent		_%										
		anent endowmer		~~~ %	0/											
С		oorarily restricted percentages in lir			% 	0.00/										
30		here endowment						on tha	t are he	ld and	d admin	istarad fa	· tha			
Ja		nization by:		ne posse	551011 01 1		ganizati						uie		Yes	No
	0	nrelated organiza	ations											3a(i)	103	
		lated organizatio														
b	lf "Ye	es" to 3a(ii), are t	the related or	anization	s listed as	reauii	red on S	chedu	ıle R?	• • •	• • • •			. 3b		
4		ribe in Part XIII t								• • •						
Par	't VI	Land, Building Complete if the			•					line ²	11a. Se	e Form	990. Pa	art X. line	e 10.	
		Description of	property		(a) Cost o	r other b		(b) Cos	t or other b		(c) Acc	umulated		(d) Book va	alue	
12	land				(inves	stment)			(other)		depre	eciation				
ia b		ings														
с С		ehold improveme	ents	••••												
d		oment							6,7	48		4,774.			1	974.
		r						1	131,3			ㄱ,//坮.		1 1		974. 305.
Tota	L Add	lines 1a through	1e. (Column	(d) must	equal For	m 990	Part X	,	,		(c).)	•				279.
				1	- 9-0.1 011		, . a.c.A,	20101	(=), iii		-/-/			-,-		

Schedule D (Form 990) 2014

Schedule D (F	Form 990) 2014		Page 3
Part VII	Investments - Other Securities.		
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
(2) Closely	held equity interests		
(3) Other	Jublia lad	\mathbf{n}	tion Conv
$\frac{(A)}{(A)}$		SOEC -	
(B)			
$\frac{(C)}{(D)}$		-	
<u>(E)</u> (F)			
$\frac{(1)}{(G)}$			
<u>(e)</u>			
<i>_</i>	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII	Investments - Program Related.		
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets.		
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des	scription	(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990,	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Feder	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(7)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	►	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 4E1270 1.000

COLONIAL	FOX	THEATRE	FOUNDATION
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-	le D (Form 990) 2014		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
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		
d e	Other (Describe in Part XIII.) Add lines 2a through 2d	2e	ŊУ
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 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	irn.	
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 2a		
b	Prior year adjustments 2b		
С	Other losses 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 IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	4c	
5		5	
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V/I	ine 1: Part X line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
			·

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Public Inspection Copy

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.

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

WILL BE BASED IN A CURRENT CALENDAR YEAR ON A MINIMUM GIFT DURING THE

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

THE BOARD OF TRUSTEES EACH YEAR AT THE ANNUAL MEETING.

THE SECRETARY AND ENTERED IN THE MINUTES OF THE MEETING.

FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON

INFORMATION PROVIDED BY THE ORGANIZATION. THE FINAL VERSION OF THE FORM

FURTHER, THE FORM 990 IS REVIEWED BY THE BOARD MEMBERS PRIOR TO

990 IS PROVIDED TO EACH BOARD MEMBER BEFORE THE FORM IS FILED WITH THE

OMB No. 1545-0047 14 **Open to Public** Inspection

MEMBERSHIP

Name of the organization

COLONIAL FOX THEATRE FOUNDATION

Employer identification number 33-1160933

MEMBERSHIP RIGHTS

ection

ALL PROXIES SHALL BE FILED IN WRITING WITH

THE PRESIDENT OF THE ORGANIZATION PRESIDES

PART VI, SECTION A, QUESTIONS 6,

PREVIOUS OR CURRENT CALENDAR YEAR.

EITHER IN PERSON OR BY PROXY.

PROCESS TO REVIEW FORM 990

FILING THE FORM WITH THE IRS.

AND THE TREASURER LEADS THE REVIEW.

IRS.

PART VI, SECTION B, QUESTION 12C CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, QUESTION 11B

Schedule O (Form 990 or 990-EZ) 2014					
Name of the organization	Employer identification number				
COLONIAL FOX THEATRE FOUNDATION	33-1160933				

BOARD MEMBERS AND ANY PARTIES WITH DELEGATED POWERS ARE REQUIRED TO SIGN

A WRITTEN CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. ANY MEMBER

VOTING ON ANY ISSUE RELATED TO THAT CONFLICT.

PART VI, SECTION C, QUESTION 19 GOVERNING DOCUMENTS

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO BE VIEWED AT THE ORGANIZATION'S

PLACE OF BUSINESS.