

# Public Inspection Copy

COLONIAL FOX THEATRE FOUNDATION  
Form 990-EZ  
Tax Year 2008

# Short Form Return of Organization Exempt From Income Tax

# 2008

**Open to Public  
Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

### A For the 2008 calendar year, or tax year beginning , 2008, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <b>COLONIAL FOX THEATRE FOUNDATION</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>407 NORTH BROADWAY</b> City or town, state or country, and ZIP + 4 <b>PITTSBURG, KS 66762</b>	<b>D</b> Employer identification number <b>33-1160933</b>
	<b>E</b> Telephone number <b>(620) 235-0622</b>	<b>F</b> Group Exemption Number . . . ▶	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.COLONIALFOXTHEATRE.ORG

**J** Organization type (check only one) -  501(c) ( 03 ) ◀ (insert no.) 4947(a)(1) or 527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . ▶ \$ **309,834.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	298,691.
2	Program service revenue including government fees and contracts . . . . .	2	
3	Membership dues and assessments . . . . .	3	5,845.
4	Investment income . . . . . <b>STMT 1</b>	4	562.
5 a	Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
b	Less: cost or other basis and sales expenses . . . . . <b>5b</b>		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . . <b>5c</b>		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here . . . ▶ <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1) . . . . . <b>6a</b>		4,736.
b	Less: direct expenses other than fundraising expenses . . . . . <b>6b</b>		2,319.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a). <b>STMT 2</b> . . . . . <b>6c</b>		2,417.
7 a	Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>		
b	Less: cost of goods sold . . . . . <b>7b</b>		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>		
8	Other revenue (describe ▶ ) . . . . . <b>8</b>		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶ <b>9</b>		307,515.
		Expenses	
10	Grants and similar amounts paid (attach schedule) . . . . . <b>10</b>		
11	Benefits paid to or for members . . . . . <b>11</b>		
12	Salaries, other compensation, and employee benefits . . . . . <b>12</b>		NONE
13	Professional fees and other payments to independent contractors . . . . . <b>13</b>		2,292.
14	Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>		5,643.
15	Printing, publications, postage, and shipping . . . . . <b>15</b>		3,473.
16	Other expenses (describe ▶ <b>STMT 3</b> ) . . . . . <b>16</b>		15,265.
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶ <b>17</b>		26,673.
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>		280,842.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b>		101,379.
20	Other changes in net assets or fund balances (attach explanation) . . . . . <b>20</b>		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶ <b>21</b>		382,221.

### Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . <b>STMT 4</b> . . . . .	57,679.	276,978.
23	Land and buildings . . . . .	63,348.	105,243.
24	Other assets (describe ▶ ) . . . . . <b>24</b>		
25	<b>Total assets</b> . . . . . <b>25</b>	121,027.	382,221.
26	<b>Total liabilities</b> (describe ▶ ) . . . . . <b>26</b>	19,648.	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . <b>27</b>	101,379.	382,221.

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? **STMT 6**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

**28** **SEE STATEMENT 7**

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

**28a** **16,395.**

**29**

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

**29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

**30a**

**31** Other program services (attach schedule) . . . . . ▶

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

**31a**

**32** **Total program service expenses** (add lines 28a through 31a) . . . . . ▶

**32** **16,395.**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 8		-0-	-0-	-0-

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year? . . . . .		X
38a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 . . . . .		
39b	b Gross receipts, included on line 9, for public use of club facilities . . . . .		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NONE; section 4912 ▶ NONE; section 4955 ▶ NONE		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ NONE		
	d Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ NONE		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The books are in care of ▶ VONNIE CORSINI . . . . . Telephone no. ▶ 620-235-0622 Located at ▶ 407 N BROADWAY PITTSBURG, KS . . . . . ZIP + 4 ▶ 66762		
42b	b 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)? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶ . . . . .		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶ . . . . .		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No  
46
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No  
47
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No  
48
- 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No  
49a
- 49b If "Yes," was the related organization(s) a section 527 organization? Yes No  
49b
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶		NONE		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 . . . . . ▶		NONE

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

**KELSEY HEAD** **TREASURER**

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_

Preparer's Identifying Number (See instructions) \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Public Charity Status and Public Support**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

<b>Name of the organization</b> COLONIAL FOX THEATRE FOUNDATION	<b>Employer identification number</b> 33-1160933
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 15 Public support percentage for 2008; 16 Public support percentage from 2007 Schedule A.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 17 Investment income percentage for 2008; 18 Investment income percentage from 2007 Schedule A.

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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Schedule of Contributors

2008

▶ Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization

COLONIAL FOX THEATRE FOUNDATION

Employer identification number

33-1160933

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **COLONIAL FOX THEATRE FOUNDATION**

Employer identification number

**33-1160933**

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	P  JOPLIN, MO 64802-0008	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	  PITTSBURG, KS 66762	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	  VARIOUS	\$ 7,191.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	  PITTSBURG, KS 66762	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	  	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	  	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

FORM 990EZ, PART I - INVESTMENT INCOME

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DESCRIPTION

AMOUNT

-----

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INTEREST INCOME

562.

TOTAL

-----

562.

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# Public Inspection Copy

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

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DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
VARIOUS FUNDRAISING	4,736.	2,319.	2,417.
TOTALS	4,736.	2,319.	2,417.
	=====	=====	=====

FORM 990EZ, PART I - OTHER EXPENSES

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SUPPLIES	1,521.
TRAVEL	2,116.
CONFERENCES, CONVENTIONS	825.
DEPRECIATION	632.
PROMOTIONS	25.
PROGRAMS	668.
MISCELLANEOUS	1,039.
MEMBERSHIP DUES	1,050.
INSURANCE	3,104.
CREDIT CARD FEES	8.
ADVERTISING	2,083.
BANK CHARGES	67.
DEVELOPMENT	1,182.
WEBSITE	945.
	-----
TOTAL	15,265.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	43,131.	46,034.
SAVINGS	14,548.	230,944.
TOTALS	57,679.	276,978.

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FORM 990EZ, PART II - TOTAL LIABILITIES

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DESCRIPTION	BEGINNING OF YEAR
-----	-----
MORTGAGES AND OTHER NOTES PAYABLE	19,648.
TOTALS	----- 19,648. =====

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FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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# Public Inspection Copy

TO ACQUIRE, MAINTAIN AND OPERATE THE HISTORICAL COLONIAL-FOX THEATRE BUILDING IN PITTSBURG, KS AND PARKS AND OTHER COMMUNITY LANDMARKS FOR THE USE AND BENEFIT OF THE RESIDENTS OF PITTSBURG, KS

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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PROGRAM SERVICE ACCOMPLISHMENT 1

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TO PROMOTE, CONDUCT AND CARRY ON CHARITABLE, CULTURAL, RECREATIONAL, AND EDUCATIONAL PROGRAMS FOR THE CITIZENS OF PITTSBURG, KS AND THE SURROUNDING AREA. ALSO TO PROMOTE THE HISTORY AND HERITAGE OF THE COMMUNITY AND ITS LANDMARKS.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
VONNIE CORSINI 1045 E 520 AVE PITTSBURG, KS 66762	PRESIDENT 40.	NONE	NONE	NONE
DR BRAD HODSON 505 UTAH PITTSBURG, KS 66762	VICE PRESIDENT 5.	NONE	NONE	NONE
ANN ELLIOTT 1207 IMPERIAL DR PITTSBURG, KS 66762	SECRETARY 5.	NONE	NONE	NONE
AARON BESPERSAT PO BOX 366 PITTSBURG, KS 66762	TREASURER/FINANCE CHAIR 5.	NONE	NONE	NONE
DR GINA PINAMONTI 2602 S ROUSE PITTSBURG, KS 66762	DEVELOPMENT CHAIR 5.	NONE	NONE	NONE
PAT JONES 1509 VINE PITTSBURG, KS 66762	PUBLIC RELATIONS CHAIR 5.	NONE	NONE	NONE
PAMELA PHALEN 909 CEDAR LANE PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
DOTTY MILLER 405 WINWOOD PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
ROGER HECKERT 811 TANGLEWOODS DR PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
SHAWN NACCARATO 508 W EUCLID PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
BOB BERRY 808 N JOPLIN PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
DEBBIE BROCK 1225 E CENTENNIAL PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
BRENT CASTAGNO 1704 E 4TH PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
GARY CINOTTO 242 MCKAY FRONTENAC, KS 66763	BOARD MEMBER 2.	NONE	NONE	NONE
JUSTIN CRAIN 2003 COUNTRYSIDE DR PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
TAD DUNHAM 455 S 270TH ST PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
FRANK DUNNICK 108 E ST JOHN GIRARD, KS 66743	BOARD MEMBER 2.	NONE	NONE	NONE
STEPHEN EARNEST 1717 S BOULDER AVE, SUITE 900 TULSA, OK 74119	BOARD MEMBER 2.	NONE	NONE	NONE
STELLA HASTINGS 610 DEILL PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
SUSAN LAUSHMAN 608 W EUCLID PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
SUSAN LUNDY 507 W CRESTVIEW PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
RACHEL PATTERSON 307 N BROADWAY PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
DR JOEL RHODES 2001 YORKTOWN CAPE GIRARDEAU, MO 63701	BOARD MEMBER 2.	NONE	NONE	NONE
RAY RYAN 1507 S CATALPA PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

Public Inspection Copy

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
GREG SHAW 610 TANGLEWOODS PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
TIM SPEARS 3120 E LESTER ST PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
LORI FLEMING 806 S CATALPA PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
MARINELL WEBBER 601 HERITAGE LANE PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
DR TALAAT YAGHMOUR 804 VILLAGE RD PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
JIM AKINS 1705 COUNTRYSIDE DR PITTSBURG, KS 66762	BOARD MEMBER 2.	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**COLONIAL FOX THEATRE FOUNDATION**

Identifying number

**33-1160933**

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
<b>(a) Description of property</b>		<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
6			
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 . . . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	<b>418.</b>
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	17	<b>166.</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
19a	3-year property	<b>SEE DETAIL</b>					
b	5-year property		282.	5.000	MQ	200DB	14.
c	7-year property		136.	7.000	MQ	200DB	34.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L		
i	Nonresidential real property		39 yrs.	MM	S/L		

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. . . . .	22	<b>632.</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use: % % %
27 Property used 50% or less in a qualified business use: % S/L - % S/L - % S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):
43 Amortization of costs that began before your 2008 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44