Form 990

										OMB No. 1545-0047
orr	, (990	Re	turn of	Organiza	ation E	xempt Fi	rom Inco	ome Tax	2011
			Under sect	ion 501(c),					(except black lung	
epa	rtment	t of the Treasury	926 5554			TO SERVICE SERVICES	rivate foundat			Open to Public
	200000000	enue Service	150	•	porting requirements.	Inspection				
F	or th	he 2011 caler	ndar year, or ta	ix year beg	jinning		, 2011, an	d ending	-	, 20
С	heck if a	applicable:	e of organization	THEATOR	FOINDATE	TON			D Employer identificat	ion number
_	Addi		Business As	THEFT	1 CONDAI.	1011	4 .		33-1 60933	
-	chan		ber and street (or F	O. box if mail	is not delivered to	street address	Roo	m/suite	E Telephone number	
			NORTH BR	NOT MADE IN COLUMN TO STATE OF THE STATE OF					(620) 235-06	22 J V
	-	1000000	or town, state or cou		+ 4				1030	
	Ame	ended PT	TTSBURG, K			_			G Gross receipts \$	289,106.
		rn lication F Na	me and address		fficer: CYNTH	IA HARV	EY		H(a) Is this a group return	
	pend	ding	17 S OLIVE						affiliates? H(b) Are all affiliates include	
	Тах-е:	xempt status:	X 501(c)(3)	501(c) (v /ss 1	4947(a)(1) or	527	If "No," attach a list. (s	
_			COLONIALFO	1 1 1	, ((=)(.)	1 1 1 - 1 - 1	H(c) Group exemption num	nber ▶
			X Corporation	Trust	Association	Other >		L Year of forma	ation: 2006 M State of	
	rt I	Summary		10 10 10 10 10 10 10 10 10 10 10 10 10 1						
201101010000000000000000000000000000000	2 3 4	Check this bo	NRICHING T x ▶ if the ting members of dependent voting	organization the governin	discontinued in body (Part VI	ts operation , line 1a)	s or disposed of	more than 259		9.
	5	Total number	of individuals en	nployed in ca	alendar year 20	11 (Part V. li	ne 2a)		5	4.
	6		of volunteers (es						6	200.
	7 a	Total gross u	nrelated business	revenue fron	n Part VIII, colu				7a	C
									7b	C
					14.				Prior Year	Current Year
	8	Contributions	and grants (Part	VIII, line 1h)	1 (E) 25 25 35 35 60 000 AN	Г	WINNESS BY STATE		274,995.	277,142.
	9	Program serv	ice revenue (Part	VIII, line 2g)			COPY FO		1,630.	7,010.
	10	Investment in	come (Part VIII,	column (A), li	nes 3, 4, and 70	d) [PUBLIC INSPE	3,667.	4,954.	
	11	Other revenu	e (Part VIII, colui	nn (A), lines	5, 6d, 8c, 9c, 10	Oc, and 11e)		🗀	-645.	
	12	Total revenue	e - add lines 8 thr	ough 11 (mu	st equal Part VI	III, column (A	(), line 12)		279,647.	289,106.
	13	Grants and s	milar amounts pa	id (Part IX, co	olumn (A), lines	1-3)			369.	1,744.
	14	Benefits paid	to or for member	s (Part IX, co	lumn (A), line 4)			0	(
	15	Calarias alles			FI- (D-+ IV	L (A)	: E 40)		57,709.	60,950.
- Constant	16a	a Professional	er compensation, fundraising fees (sing expenses (Pa	Part IX, colun	nn (A), line 11e)			0	7.
	k	Total fundrais	sing expenses (Pa	rt IX, column	(D), line 25) >		176.			
44						-			E2 760	00 450

nue	9	Program service revenue (Part VIII, line 2g)	COPY FOR	1,630.	7,010.
Reven	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	PUBLIC INSPECTION	3,667.	4,954.
II.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	-645.	(
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (279,647.	289,106.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		369.	1,744.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	(
nses	15	Salaries, other compensation, employee benefits (Part IX, column (A),	57,709.	60,950.	
		Professional fundraising fees (Part IX, column (A), line 11e)		0	7.
xbe		Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		53,760.	89,458.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line		111,838.	152,159.
	19	Revenue less expenses. Subtract line 18 from line 12		167,809.	136,947.
or				Beginning of Current Year	End of Year
sets	20 21	Total assets (Part X, line 16)		713,955.	849,722.
AS d Ba	21	Total liabilities (Part X, line 26)		2,814.	1,634.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		711,141.	848,088.

Signature Block

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 offi	cer			Date		
Paid	Type or print na Print/Type preparer's	ATT TO SECTION AND A CONTROL OF THE SECTION AND A SECTION ASSESSMENT AND A SECTION ASSESSMENT ASSES	Preparer's signature COPY	Date	Check if self-employed	PTIN P00422601	
Preparer Use Only	Firm's name	BKD, LLP			EIN ▶ 44-0160260		
OSC OTHY	Firm's address	PO BOX 1824 C	JOPLIN, MO 64802-1824	Phone no. ▶ 417-	7-624-1065		
May the If	RS discuss this retu	rn with the preparer show	vn above? (see instructions)			Yes X No	

Pa		e ment of Program Service A ck if Schedule O contains a re	ccomplishments esponse to any question in this Part III		
1	Briefly descri	be the organization's mission:	10.10		
	TO ACQUIR	RE, MAINTAIN AND OPE	RATE THE HISTORICAL COLON	IAL-FOX THEATRE	
	BUILDING	IN PITTSBURG, KS IN	ORDER TO BE TO BE AN END	URING DYNAMIC	
	CULTURAL	CENTER ENRICHING TH	E QUALITY OF LIFE AND ECO	NOMIC VITALITY	
	OF PITTSE	BURG AND SURROUNDING	COMMUNITIES.		
2			cant program services during the yea	r which were not listed on th	e Xes X No
		ribe these new services on So			7
3		anization cease conducting,	or make significant changes in h		m . Yes X No
	If "Yes," desc	ribe these changes on Sched	ule O.		
4	expenses. Se	ection 501(c)(3) and 501(c)	vice accomplishments for each of its (4) organizations and section 4947(a expenses, and revenue, if any, for each	a)(1) trusts are required to	
4a	(Code:) (Expenses \$	45, 655. including grants of \$) (Revenue \$	7,010.
			PERATE THE HISTORICAL COLO		,,010,
	The beautiful and the second second		G, KS, FOR THE USE AND BE	March and South Contract States	
				TO PROMOTE,	
		VA CONTROL AND PARTICIPATIONS OF THE PROPERTY AND	ABLE, CULTURAL, RECREATIO		
	T		CITIZENS OF PITTSBURG, K		
	-		SO TO PROMOTE THE HISTORY		
	1	MMUNITY AND ITS LAN		AND HERITAGE	
					-
	1 				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	7 				
				-	
	1. .				
	~				
4d	Other progra	m services (Describe in Sche	dule O.)		
	(Expenses \$	including gra	가용하스타스 (1) 19.50kg	\$	
40	A Maria Sala Maria Andreas Sala	m service expenses ▶	145,655.		-
46	rotal progra	III selvice expelises	110,000.		10000000

Form 990 (2011)

Checklist of Required Schedules

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C. Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		V	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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,	x 32-4		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			122
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			v
	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,	1000		
	VII, VIII, IX, or X as applicable.	(10000000000000000000000000000000000000		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a	Х	
h	Schedule D, Part VI	Ha	23	
ь	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
٠	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	i	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	- 1075-11		
	complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	2000		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		Х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			***
	in the United States 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 and other assistance to individuals in the United States	2/2/		**
	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		M	Х
	employees? If "Yes," complete Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	'		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
al :	to defease any tax-exempt bonds?	24c 24d	0 1	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		_
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		Х
h	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254		
b	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			.,
	IV, and V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	0.51		v
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	· ·	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	2.0		Х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		Х
20	Part VI	37		Λ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Λ	

Form 990 (2011) Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			Ш
	E (Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Himmes	THITTINGS
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	1000000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
h	organization solicit any contributions that were not tax deductible?	0 a		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7 a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15015		
	required to file Form 8282?	7 c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			77
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	6 3	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
1000	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
o U	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/ 11		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1,000
	organization, have excess business holdings at any time during the year?	8		Entransmission
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	ž		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	a.		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	against amounts due or received from them.)		2	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	\$10000000000	EUROBODODO
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		8	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120000		
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 9			
	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.		VI	
b	Enter the number of voting members included in line 1a, above, who are independent 1b		УΙ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	4		S5200
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		1254	
	one or more members of the governing body?	7 a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	255		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	500	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	0.000		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	3.7	
11a	$Has the organization \ provided \ a \ complete \ copy \ of this \ Form \ 990 \ to \ all \ members \ of its \ governing \ body \ before \ filing \ the \ form? \ .$	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		57	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?		Х	
a	The organization's CEO, Executive Director, or top management official	15a	Λ	
b	Other officers or key employees of the organization	15b		
	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	10-		Х
	with a taxable entity during the year?	16a		
D	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?	16h		
Sect	ion C. Disclosure	100		
13.3%	WAR SECTION 100 1000 1000 1000 1000 1000 1000 100			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶		3/6 0	
10	available for public inspection. Indicate how you made these available. Check all that apply.	01(0)(J/3 UI	ily)
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	inter	oct n	olicy
13	and financial statements available to the public during the tax year.	miel	est p	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e		
_ U	organization: ▶ wheeler & mitchelson, chtd. 4th & Broadway Pittsburg, ks 66762 620-231-4650	G		
SA		Form	990	(2011)

Section A.

Part VII	ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	
	dependent Contractors	
	heck if Schedule O contains a response to any question in this Part VII	

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 "key employee
- List the organization's five current highest compensated employees (other than an officer, director, tru 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.

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

(A) Name and Title		Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 21 1000 Miles)	organization and related organizations
(1) DR GINA PINAMONTI PRESIDENT	2.00	Х		Х				0	0	(
(2) BRENT CASTAGNO BOARD MEMBER	1.00	Х						0	0	(
(3) STELLA HASTINGS SECRETARY	2.00	Х		Х				0	0	(
(4) DR JOEL RHODES BOARD MEMBER	1.00	Х						0	0	(
(5) RAY RYAN BOARD MEMBER	1.00	Х						0	0	(
(6) GREG SHAW VICE PRESIDENT	2.00	Х		Х				0	0	(
(7) DR TALAAT YAGHMOUR BOARD MEMBER	1.00	Х						О	0	(
	1.00	Х						0	0	(
(9) CYNTHIA HARVEY TREASURER	3.00	Х		Х				0	0	(
(10) VONNIE CORSINI EXECUTIVE DIRECTOR	60.00				Х			37,500.	0	(
(11) SARAH JENSEN PR/MARKETING DIRECTOR	40.00				Х			21,134.	0	(
(13)										
(14)										

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Part \	/II Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and F	ligh	nest Compensate	ed Employ	yees (co	ontinued)	
	Public I	(B) Average hours per week (describe hours for related organizations in Schedule	box,	unles	Pos neck ss pe	rson	e than of is both or/trusted employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensati- relate organiza (W-2/1099	on from d tions	Estimated amount of other compensation from the organization and related organizations	
					1								
1b Su	b-total							•	58,634.		0		0
с То	tal from continuation sheets to Part VII, S	ection A .						•	58,634.		0		0
	tal (add lines 1b and 1c) tal number of individuals (including but not							re		\$100 000 1			
					u u.	5010	, , ,,,,,,	, , ,	oorvou moro mun	φ100,000 ·			
4 Fo	reportable compensation from the organization ▶ 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
	d any person listed on line 1a receive or services rendered to the organization? If "You											5	X
Section	n B. Independent Contractors												
	implete this table for your five highest com mpensation from the organization. Report o ar.												
	(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) ompensation	
													
8													

Form **990** (2011)

more than \$100,000 in compensation from the organization >

2 Total number of independent contractors (including but not limited to those listed above) who received

Page 9

Pai	rt VIII	Statement of Revenue					L.
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns	24,429. 890. Soi 30.	ecti	on (Cop	У
	g h	Noncash contributions included in lines 1a-1f: \$_ Total. Add lines 1a-1f	2011	277,142.			
Program Service Revenue	2a b c	PROGRAM SERVICE REVENUE PROFESSIONAL DEVELOPMENT	711110 711110	5,810. 1,200.	5,810. 1,200.		
Program	e f g	All other program service revenue Total. Add lines 2a-2f		7,010.			
	3 4 5	Investment income (including dividends, into other similar amounts)	▶ I proceeds▶	2,134. 0			2,134.
	6a b c	Gross rents		0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other 2,820.				
	С	Gain or (loss)	2400				
Other Revenue	d 8a	Net gain or (loss)	ATCH 1	2,820.			2,820.
Jer	b	Less: direct expenses					
ð	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	.ATCH.2.▶	0			
	b	Less: direct expenses	b	0			
	10a	Gross sales of inventory, less returns and allowances	а				
	b c	Less: cost of goods sold		0			
	-	Miscellaneous Revenue	Business Code				
	11a						-
	b	-					
	C	All others assessed					
	d	All other revenue		0			
	e 12	Total revenue. See instructions	1	289,106.	7,010.		4,954.

COLONIAL FOX THEATRE FOUNDATION

33-1160933

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX						
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1 2	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. Grants and other assistance to individuals in the United States. See Part IV, line 22	1,744. 1506	ectio	n Co	ppy	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			1 3	
4 5	Benefits paid to or for members	0 58,634.	56,096.	2,469.	69	
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 8	Other salaries and wages	892.	853.	38.	1	
9 10	401(k) and 403(b) employer contributions) Other employee benefits	687. 737.	657. 705.	29. 31.	1	
	Fees for services (non-employees): Management Legal	0				
d	Accounting	0 0 7.			7	
f g	Investment management fees	0 27,492. 9,076.	27,273. 8,683.	188. 382.	31 11	
12 13 14	Advertising and promotion	9,569. 1,912.	9,184. 1,829.	377. 81.	8 2	
15 16 17	Royalties	26,246. 3,139.	25,110. 3,003.	1,105. 132.	31 4	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	0 863.	826.	36.	1	
20 21	Interest	336. 0 1,169.	322. 1,119.	14.	1	
22 23 24	Depreciation, depletion, and amortization Insurance	7,786.	6,381.	1,397.	8	
	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.)					
a b c	DUES & SUBSCRIPTIONS	1,870.	1,870.			
	All other expenses Total functional expenses. Add lines 1 through 24e	152,159.	145,655.	6,328.	176	
	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)	0	,	-,		

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Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,177.		8,772.
	2	Savings and temporary cash investments			388,185.	2	114,080.
	3	Pledges and grants receivable, net	<u>.</u>	0	3	0	
	5	Accounts receivable, net Receivables from current and former officers, employees, and highest compensated employees	on C	4	bby °		
	6	Schedule L Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of seemployees' beneficiary organizations (see instructions)	c)(3)(I ction	3), and contributing 501(c)(9) voluntary	C	6	0
ets	7	Notes and loans receivable, net			C	7	0
Assets	8	Inventories for sale or use			C	8	0
٩	9	Prepaid expenses and deferred charges			C	9	0
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D		724,241.			
	b	Less: accumulated depreciation	10b	3,398.	306,516.	10c	720,843.
	11	Investments - publicly traded securities			C	11	0
	12	Investments - other securities. See Part IV, line 11	• • •		C	12	0
	13	Investments - program-related. See Part IV, line 11	•		C	13	0
	14	Intangible assets			C	14	0
	15	Other assets. See Part IV, line 11			6,027.	15	6,027.
	16	Total assets. Add lines 1 through 15 (must equal			713,955.	16	849,722.
	17	Accounts payable and accrued expenses			2,814.	17	1,634.
	18	Grants payable	C	18	0		
	19	Deferred revenue			C	19	0
	20	Tax-exempt bond liabilities	• • •		C	20	0
S	21	Escrow or custodial account liability. Complete	Part	IV of Schedule D	C	21	0
itie	22	Payables to current and former officers,					
Liabilities	Cerciro	employees, highest compensated employees, a					
Ĭ		Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	C	23	0
	24	Unsecured notes and loans payable to unrelated			C	24	0
	25	Other liabilities (including federal income tax, pay-					
		parties, and other liabilities not included on lines 1	7-24). Complete Part X			
		of Schedule D			C	25	0
	26	Total liabilities. Add lines 17 through 25			2,814.	26	1,634.
ses		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	>	and complete			
anc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
힏	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	ck he	re ▶ X and			
ts	30	Capital stock or trust principal, or current funds .	2012		0	30	0
sse	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund	0	31	0
Ä	32	Retained earnings, endowment, accumulated inco	ome,	or other funds	711,141.	32	848,088.
Net	33	Total net assets or fund balances			711,141.	33	848,088.
	34	Total liabilities and net assets/fund balances			713,955.	34	849,722.

Form 990 (2011)

Page 12 Form 990 (2011) Part XI Reconciliation of Net Assets 289,106. 1 Total revenue (must equal Part VIII, column (A), line 12)...... 152,159. 2 2 Total expenses (must equal Part IX, column (A), line 25)..... 136,947. 3 3 711,141. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33 Other changes in net assets or fund balances (explain in Schedule Net assets or fund balances at end of year. Combine lines 3, column (B))...... 848,088. Financial Statements and Reporting Part XII Yes No X Accrual Other Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X **b** Were the organization's financial statements audited by an independent accountant? 2b X c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Χ If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2011)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

COT	ONI	AL FOX THEATR	E FOUNDATION							33-	-116	0933		
Par The		nization is not a priv	ate foundation bed	s (All organizations mu cause it is: (For lines 1 th association of churches	rough	11, che	eck only	one bo	x.)			7(/	
2	7			(1)(A)(ii). (Attach Schedul			270					7	/	
3				ervice organization descr		sectio	n 170(b)(1)(A)	(iii).					
4		A medical research	h organization op	erated in conjunction wi	th a h	ospita	descr	ibed in	sectio	n 170(b)(1)(A	(iii). E	Enter th	e
		hospital's name, cit	y, and state:											
5		An organization of section 170(b)(1)(A)		nefit of a college or univ	ersity	owned	or ope	erated b	by a go	vernme	ntal u	nit des	cribed i	n
6		그 경기를 받는 하는 것이 그 없어요 없는 이번 하는데 있다.		or governmental unit des	cribad	in coof	tion 170	Vb\/1\/	A)(v)					
6 7	Х	An organization th	at normally receive	es a substantial part of it						it or fro	m the	gener	al publi	ic
•		described in section			odeke F	N 4 11 N								
8		-		on 170(b)(1)(A)(vi). (Com								<i></i>		
9	_		7.0	es: (1) more than 331/3% exempt functions - sub		20.00					1.0		77	
		support from gros	s investment inco	ome and unrelated busi	ness t	axable	incom	e (less	section	n 511 i	tax) fi	rom bu	ısinesse	S
		acquired by the org	anization after Jun	ne 30, 1975. See section	509(a)(2). (0	Complet	te Part I	II.)					
10		An organization org	ganized and opera	ted exclusively to test for	public	safety.	See se	ction 5	09(a)(4).				
11		An organization o	rganized and ope	rated exclusively for the	bene	fit of,	to perf	orm the	e funct	ions of,	or to	carry	out th	e
		purposes of one o	r more publicly su	ipported organizations de	escribe	d in s	ection 5	509(a)(1) or se	ection 50	09(a)(2). See	sectio	n
		509(a)(3). Check th	ne box that describ	es the type of supporting	organ	ization	and co	mplete	lines 1	le throu	igh 11	h.		
		a Type I	b Type	II c Type	III - Fu	unction	ally inte	grated		d	Туре	e III - Ot	ther	
e		By checking this	box, I certify that	the organization is not	contr	olled o	directly	or ind	irectly	by one	or m	ore dis	qualifie	d
				gers and other than one										
		509(a)(1) or section					50							
f			다 시간 가는 사람들은 아름이를 다 내려가 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	n determination from th	e IRS	that it	is a T	vpe I. T	vpe II.	or Type	e III s	upporti	na	
		organization, check							21				Ĭ [1
g				nization accepted any gift	or co	 ntributi	on from	n anv of	the		• • • •			1
9		following persons?	,						1000	84				
			directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	(ii)	ſ	Yes No	,
		1916	(8)	dy of the supported organ				poloci			()	11g(i)	(PS)	_
		27 17	1 177	scribed in (i) above?								11g(ii)		_
		- 5 - 5		on described in (i) or (ii) a	hove?							11g(iii)		-
h		그렇게 많아 아이지 않는데 그렇게 하는데 없는데 얼마나 없었다.	and 아이는 그렇게 되고 가지하게 되었습니다. 하지만 아는 다리	ut the supported organiz								1.9()		_
-	G) NI	ame of supported	(ii) EIN		T	-	(a) Did :	iou potific	6.0	o the	fs.	ii) Amor	int of	-
		organization	(11) E114	(iii) Type of organization (described on lines 1-9	organi	ls the zation in		ou notify anization		s the zation in	(V	ii) Amou suppo		
				above or IRC section	col. (i)	listed in overning		. (i) of		rganized		7.1000 PARCOS		
				(see instructions))	100000000000000000000000000000000000000	ment?		upport?		U.S.?				
					Yes	No	Yes	No	Yes	No				_
(A)														
(B)														
(C)														
(D)														
(E)														_
	231													_
Tota	<u> </u>							g		j 23				

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check Part III. If the organization f						alify under
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		DO	230, 53.	274,995.		, 106,887.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	119,461.	304,536.	230,753.	274,995.	277,142.	1,206,887.
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 shown on line 11, column (f)						686,475.
6	Public support. Subtract line 5 from line 4.						520,412.
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
-	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	119,461.	304,536.	230,753.	274,995.	277,142.	1,206,887.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	273,	562.	4,661.	3,167.	4,954.	13,617.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						1,220,504.
12	Gross receipts from related activities, etc. (s	see instructions) .			l	12	10,994.
13	First five years. If the Form 990 is f					ar as a section s	501(c)(3)
	organization, check this box and stop here						> X
	tion C. Computation of Public Sup						
14	Public support percentage for 2011 (li	ne 6, column (f) divided by line	11, column (f))		14	%_
15	Public support percentage from 2010						<u>%</u>
16a	331/3% support test - 2011. If the o	rganization did	not check the b	oox on line 13,	and line 14 is	331/3 % or more	e, check
	this box and stop here . The organizati			1777			
b	331/3% support test - 2010. If the	organization did	not check a bo	ox on line 13 o	r 16a, and line	15 is 331/3% c	or more,
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets to						pported
	organization						▶ 🗀
b	10%-facts-and-circumstances test -	7					
	15 is 10% or more, and if the orga						7/1
	Explain in Part IV how the organization						
19	supported organization	did not shock	hov on line 12	16a 16b 17a	or 17h shock	this how and see	▶□
18	rivate roundation. If the organization	did not check a	a box on line 13,	10a, 10b, 17a,	or tru, check	uns box and see	

Schedule A (Form 990 or 990-EZ) 2011 Page **3**

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			4			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	.,,,,,,	,,,,,,,				
	received. (Do not include any "unusual grants.")	1		_1"_			
2	Gross receipts from admissions, merchandise	Inc		CTIC			
	sold or services performed, or facilities				/		ν
	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						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
GK 287	tion B. Total Support	4 3 0 0 0 7	#1.0000	4 1 2 2 2 2		4 3 0 0 4 4	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
iva	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						_
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						-
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part IV.)						-
13							
14	and 12.)	the organization	l n's first second	third fourth or	fifth tay year a	s a section 501	(c)(3)
14	organization, check this box and stop here	Control of the section of the sectio		SACTOR OF THE SECTION OF THE	BARRAM BARRAM SACARAM TO		
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2011 (line 8			mn (f))	المناجع الماضي الماض	15	%
16	Public support percentage from 2010 Sche					16	%
	tion D. Computation of Investmen						70
17	Investment income percentage for 2011 (li			13 column (f))		17	%
18	Investment income percentage from 2010					18	%
	331/3% support tests - 2011. If the or					The second second	0.0000
, va	17 is not more than 331/3%, check th						
h	331/3% support tests - 2010. If the orga						
D	line 18 is not more than 331/3%, check						
20	Private foundation If the organization			-			

Schedule A (Form 990 or 990-EZ) 2011 Page 4

Supplemental Information. Complete this part to 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

Public Inspection Copy

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

COLONIAL FOX THEATRE	FOUNDATION 33-1160933						
Organization type (check one):	ic Inspection Copy						
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						
그렇다 가입니다. 그 회가 있는데 사람이 그리게 되었다고 말아 주름이 되어 먹었다. 이 사라는 이 사라는 사람이 되었다.	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or se contributor. Complete Parts I and II.						
Special Rules							
under sections 509(a)	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.						
during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, ses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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							
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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 F, 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	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				
	Public Inspec	ction (Person Payroli Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2_		\$35,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3_		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4 -		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$17,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6_		\$8,190.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				

Employer identification number 33-1160933

Part 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				
7-	Public Inspec	ction (Person Payroli Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Traine, address, and 2n * 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				

Employer identification number 33-1160933

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		\$	ору ——
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
:		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
ri 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization COLONIAL FOX THEATRE FOUNDATION

Employer identification number

33-1160933

Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the ye	individual contribu	itions to section 50	01(c)(7), (8), or (10) organizations and the following line entry.			
	For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$						
	Use duplicate copies of Part III if addition	T		e instructions.) ►\$			
(a) No. from Part I	(b) Purpose of gift	Sherise		(d) Description of how gift is held			
		900	Otioi	1 OOP			
8							
		(e) Transf	er of gift				
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee			
	<u></u>	<u> </u>	l : 				
		-	<u> </u>				
(a) No.	Y same as as	50 particular	85 1461	20Pe4.020 02 02 - Peca - Godd, Pr 200			
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		-					
		28		-			
		3	*	-			
		(e) Transf	er of gift				
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee			
	-		***************************************				
	-	<u> </u>	· ·				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		Total		-			
» 							
		(e) Transf	er of gift				
		(c) Hallot	er or gitt				
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee			
	-	=	. .				
		.					
(a) No	-						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	= =====================================	<u>25</u>		2			
1							
		7,53 = 1,50	ar of aift				
		(e) Transf	er or gift				
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee			
		22	÷				
	-	- 3	2				
	7		\ 5				

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Department of the Treasury Internal Revenue Service Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

COI	LONIAL FOX THEATRE FOUNDATION	33-1160933
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	Accounts, Complete if the (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
0	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pai	conservation Easements. Complete if the organization answered "Yes" to Fo	orm 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	min 000, 1 arc 17, mio 7.
•		f an historically important land area
		f a certified historic structure
		a certified flistoffe structure
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a concentation
2	easement on the last day of the tax year.	the form of a conservation
	Substitution and the task stay of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
	tax year	ited by the enganization daming the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	
	>	a plant to the first the first and the state of the state
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen	ts during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes the
	organization's accounting for conservation easements.	
Pai	Organizations 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 elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet
	public service, provide, in Part XIV, the text of the footnote to its financial statements that desi	cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educe public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2011

Page 2

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a Public exhibition b Scholarly research c Other C Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored on the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored in the General ons A Provides a less intolored on Form 990, Part XI, line 217 A Provide in the General ons A Provides a less intolored in the General ons A Provides a less intolored on Form 990, Part XIV, line 217 A Provide in the General ons A General ons	Par	t III Organizations Maintaining Coll	ections of	Art, Histo	rical Tre	easures	, or	Other	Similar Assets	(continued	1)	
b Scholarly research Provided escription of the proparizations collections and action nove they further the proparizations science proposes in Part XIV Provided escription of the proparization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3		ssion, and o	other recor	ds, chec	k any of	the	follow	ring that are a si	gnificant us	se of	its
c Preservition for ifflure generations 4 Provided testingtion of the organization of coefficients and entire to the strip of the strip	а	Public exhibition		d	Loa	an or exc	hang	ge prog	ırams			
A Providers a assirution of the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b			e	Oth	er						
5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	с 4	Provide a description of the organization's		and expla	ain how	they furt	ther	the org	ganization's exen	pt purpose	h F	Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5		or receive o	ionations o	f art hist	orical tre	asur	es or	other similar	\mathcal{L}	/	
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.	•	aren war na akt <u>iwa kana ina warana matarakina kana akana kana aktivi kana aktivi ana ama aktivi ana aktivi ana a</u>								Yes		No
included on Form 990, Part X?	Par	t IV Escrow and Custodial Arranger	nents. Cor	nplete if t	he orgar		*****	Celes Has a Harris C. (1)	CHANGE CO. CO. CO. CO. CO. CO.	5-77-7-7	V,	
c Beginning balance . 1c		included on Form 990, Part X?								Yes		No
c Beginning balance . 1c 1c	D	ii res, explain the arrangement iir rait Arv	and comp	iete the foli	owing tal	oie.	-		Amount			
d Additions during the year	c	Reginning balance				-	10		Amount			
e Distributions during the year	Ч					_	-					
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?	6					_						
Did the organization include an amount on Form 990, Part X, line 21?	f					-	_					
b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four ye	2a							8 8 8 8		Yes	Т	No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back							•					
Calcurrent year Calcurren	The second second			nization an	swered	"Yes" to	For	m 990), Part IV, line 1	0.		_
b Contributions						_				1	ears b	ack
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
and losses	b	Contributions										_
d Grants or scholarships	С	Net investment earnings, gains,										
e Other expenditures for facilities . and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		and losses										
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities .										
g End of year balance												
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(ii) 3a	f	Administrative expenses										
Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g	End of year balance										
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(i) (ii) related organizations . 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land . (b) Buildings . 717, 493 . 717, 493 . c Leasehold improvements . (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 4 Equipment . (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 5 Buildings . (a) Accumulated depreciation 6 Accumulated depreciation 7 To T, 493 . 717, 493 . 717, 493 . C Leasehold improvements . (a) Cost or other basis (c) Accumulated depreciation 6 Accumulated depreciation 7 To T, 493 . 717, 493 . 717, 493 . C Leasehold improvements . (a) Cost or other basis (c) Accumulated depreciation	2	Provide the estimated percentage of the cu	rrent year e	nd balance	(line 1g,	column	(a)) ł	neld as	:			
Temporarily restricted endowment ▶	a	Board designated or quasi-endowment ▶_		_%								
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 Description of property (d) Book value												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. (ii) related organizations. (iii) related organizations. (iii) related organizations. (iii) related organizations. (iii) related organizations listed as required on Schedule R? (iv) unrelated organizations	С	그러워 가는 그리고 있는 그 가는 그래요 하는 사람들이 되었다면 하는 사람들이 되었다면 없는 그를 모르는 모든										
organization by: (i) unrelated organizations. (ii) related organizations. (ii) related organizations. (ii) related organizations. b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 4 Description of property (a) Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	_	[- T. 1987 - 경기 : 1987 - 1987 - 1987 - 1988 - 1988 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1			1924 7.88 V				a or man o			
(i) unrelated organizations	3a	아내가 하는 그는 사람들이 아니는 얼마를 하는 아니는 아니는 아니는 아니는 아니는 아니는 아니는 아니는 아니는 아니	ession of the	ne organiza	ation that	are held	and	admir	istered for the	(22	- 1	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		2000년 (1750년 1751년 1750년 1									es	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?										19.0000000	-	
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 717, 493. E Leasehold improvements. 4 Equipment 6,748. 73,399. 3,349. 6 Other											-	
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings C Leasehold improvements C Equipment C Other C Oth	D									. 30		
Description of property (a) Cost or other basis (investment) 1a Land	4		- American									
Ia Land (investment) (other) depreciation b Buildings 717, 493 717, 493 c Leasehold improvements 6,748 3,399 3,349 e Other 6,748 3,399 3,349	Par		T		T T			74014004000			11.70	
b Buildings 717, 493. 717, 493. c Leasehold improvements 6,748. 3,399. 3,349. e Other 0 3,349.	1-						SIS			(d) Book valu	е	
c Leasehold improvements						717 40	13			71	7 1	93
d Equipment					20	111,43	٠.			/1	1,4	,,,
e Other						6 74	8		3 390		3 3	<u> 1</u> a
	u			-		0,79			0,000.)	0,0	1.
	Tota		t equal Forn	n 990. Part	X. colum	n (B). line	e 100	c).)		72	0,8	42.

Schedule D (Form 990) 2011 Page 3

Part VII Investments - Other Securities. See F	orm 990, Part X, lin	ie 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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
	2000	tion Conv
		;;;;();;;();;)\/
(D)		Tarion Copy
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		10
Part VIII Investments - Program Related. See F	N 74	T. Comments of the comment of the co
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, I		
) Description	(b) Book value
(1)	Description	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	annaera na na na an annaera na	
Part X Other Liabilities. See Form 990, Part X		
1. (a) Description of liability	(b) Book valu	ue .
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

JSA 1E1270 1.000

Schedul	e D (Form 990) 2011	Page 4
Part :	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemen	its
1	Total revenue (Form 990, Part VIII, column (A), line 12)	St.
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities 5	
6	Investment expenses	
7	Prior period adjustments 7	
8	Prior period adjustments Other (Describe in Part XIV.) SOCIO 3 8	UUV
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10) [
Part :		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 on investments	
b	Donated services and use of facilities 2b	
С	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIV.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
	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 !	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	rn
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 XIV.) Add lines 32 through 3d	
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	ļ.
b	Other (Describe in Part XIV.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIV Supplemental Information	
Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I\ line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete ditional information.	

Part XIV Supplemental Information (continued)

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COLONIAL FOX THEATRE FOUNDATION

Employer identification number 33-1160933

Public Inspection Copy

PART VI, SECTION A, QUESTIONS 6-7

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

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

PROCESS TO REVIEW 990

PART VI, SECTION B, QUESTION 11B

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION. THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS REVIEW PRIOR TO SUBMISSION.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, QUESTION 12C

BOARD MEMBERS AND ANY PARTIES WITH DELEGATED POWERS ARE REQUIRED TO SIGN
A WRITTEN CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. ANY MEMBER

Name of the organization
COLONIAL FOX THEATRE FOUNDATION

Employer identification number 33-1160933

WITH A CONFLICT OR POTENTIAL CONFLICT OF INTEREST WOULD ABSTAIN FROM

VOTE TO THE PERSON COPY

EXECUTIVE COMPENSATION

PART VI, SECTION B, QUESTION 15

THE PRIMARY OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETITIVE

EXECUTIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH MARKET-BASED

COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND

SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION.

BOARD OF DIRECTORS REVIEWS, APPROVES, AND DOCUMENTS COMPENSATION.

GOVERNING DOCUMENTS

PART VI, SECTION C, QUESTION 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO BE VIEWED AT THE ORGANIZATION'S

PLACE OF BUSINESS.

ATTACHMENT 1

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION

THUUOMA

SHAMROCK FESTIVAL FUNDRAISING

890.

TOTAL

890.

Name of the organization
COLONIAL FOX THEATRE FOUNDATION

Employer identification number 33-1160933

ATTACHMENT 2

FORM 990, PART VIII - FUNDRAISING EVENTS
DESCRIPTION

TOTAL PUDIC INSPECTION COPY

4797

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

See separate instructions.

OMB No. 1545-0184 Attachment Sequence No.

Identifying number

COLONIAL FOX THEATRE FOUNDATION 33-1160933 Enter the gross proceeds from sales or exchanges reported to you for 2011 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions). Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the allowable since improvements and (mo., day, yr.) (mo., day, yr.) sales price of property sum of (d) and (e) acquisition expense of sale Section 1231 gain from installment sales from Form 6252, line 26 or 37 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term Part II Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 2,820. ATTACHMENT 1 Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 2,820. Combine lines 10 through 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." 18a See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2011)

33-1160933 Page **2** Form 4797 (2011)

Pa	Gain From Disposition of Proper (see instructions)	ty U	nder Sections 1	245, 1250, 1252	2, 125	4, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254,	or 125	5 property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		OW TO				(mo., day, yr.)	(mo., day, yr.)
В							
c							
D							
	These columns relate to the properties on lines 19A through 191		Property A	Property B	n	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20				3	
21	Cost or other basis plus expense of sale	21		1			
22	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis. Subtract line 22 from line 21	23					
24	Total gain. Subtract line 23 from line 20	24					
25	If section 1245 property:					- 20	
	a Depreciation allowed or allowable from line 22	25a					
1	b Enter the smaller of line 24 or 25a	25b					
	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
	a Additional depreciation after 1975 (see instructions).	26a					
1	b Applicable percentage multiplied by the smaller of						
	line 24 or line 26a (see instructions)	26b					
	Subtract line 26a from line 24. If residential rental property						
	or line 24 is not more than line 26a, skip lines 26d and 26e .	26c					
	d Additional depreciation after 1969 and before 1976.	26d					
	e Enter the smaller of line 26c or 26d	26e		1			
1	f Section 291 amount (corporations only)	26f					
	g Add lines 26b, 26e, and 26f	26g					
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).						
	a Soil, water, and land clearing expenses	27a			-		<u> </u>
	b Line 27a multiplied by applicable percentage (see instructions).	-					
	Enter the smaller of line 24 or 27b	27c					
	If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a					
	b Enter the smaller of line 24 or 28a	28b					
	If section 1255 property:						
	a Applicable percentage of payments excluded from						
	income under section 126 (see instructions)	-					
_	b Enter the smaller of line 24 or 29a (see instructions).			5	201 1		
Su	mmary of Part III Gains. Complete proper	ty co	umns A through	D through line 2	29b b	efore going to lir	ne 30.
30	Total gains for all properties. Add property columns	A throu	gh D, line 24			30	
31	Add property columns A through D, lines 25b, 26g,						
32	Subtract line 31 from line 30. Enter the portion from			그렇게 돌아가는 아이를 보다면 하게 되었다. 그렇게 다르게 되었	5.00 0.0		
recentration	other than casualty or theft on Form 4797, line 6		[2015년 - 1201 NO NEW YORK (1907 NO NEW 1907 NO NEW		de bour agent as	E0140007999999	
Pa	Recapture Amounts Under Section (see instructions)	ons 1	79 and 280F(b)	(2) When Busin	ess L	lse Drops to 50°	% or Less
						(a) Section 179	(b) Section 280F(b)(2)
	Castian 170 amana dada di anta anta anta anta anta	and a second		ī	20	1,0	2001 (1)(2)
33	Section 179 expense deduction or depreciation allow				33		
34	Recomputed depreciation (see instructions)				34		
35	Recapture amount. Subtract line 34 from line 33. Se	e the	nstructions for where	to report	35	i i	

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FOUNE	art II De
THEATRE	m 4797 Part II Detai
FOX	to Form
COLONIAL	Supplement to

	her	Basis tor entire year	2,820.	ļ		\mathcal{O}		(2			S		ϵ	3	(5	t) [[7)	
	Depreciation Allowed	or Allowable																								
Coulous RA WATER DAY CARDON TO	Gross Sales	Price	2,820.																							
	Date	Sold	VAR																							
C. Dept. of Section	Date	Acquired	VAR		2.2																					
	C	Description	EQUIPMENT																							