# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

| A F                         | or th            | e 2012 calendar year, or tax year beginning   | , 2012, and ending       | ]                        | , 20                           |
|-----------------------------|------------------|---|--------------------------|--------------------------|--------------------------------|
| _                           |                  | C Name of organization  |                          | D Employer iden          | tification number              |
| <b>B</b> c                  | heck if ap       | colonial fox theatre foundation   |                          |                          |                                |
| X                           | Addre            | PSS Daine Ducines   | -1.                      | 33-11609                 | 133                            |
|                             | 7                | rchange Number and street (or P.O. box if mail is not delivered to street address)  | Room/suite               | E Telephone nun          |                                |
|                             | <b>⊤</b> ■       | return PO BOX 33 U  | GUUI                     | (620) 235                | -0622                          |
|                             | Term             | City on town state or country and 7ID + 4   |                          | (020)230                 | <del></del>                    |
|                             | Amer             |   |                          | <b>G</b> Gross receipts  | \$ 313,766.                    |
|                             | returr<br>Applie | F Name and address of principal officer: CYNTHIA HARVEY   | 7                        | H(a) Is this a group     |                                |
|                             | pendi            | ing   | L                        | affiliates?              |                                |
| _                           | T                | 1017 S OLIVE PITTSBURG, KS 66762  |                          | H(b) Are all affiliates  |                                |
|                             |                  |   | 4947(a)(1) or 527        |                          | a list. (see instructions)     |
|                             |                  | ite: > WWW.COLONIALFOX.ORG  | 1.                       | H(c) Group exempti       |                                |
|                             |                  | of organization: X Corporation Trust Association Other  | L Year of                | formation: 2006 M S      | tate of legal domicile: KS     |
| Pa                          | rt I             | Summary   |                          |                          |                                |
|                             | 1                | Briefly describe the organization's mission or most significant activities:   |                          |                          |                                |
| Ġ                           |                  | OUR MISSION IS TO RESTORE THE HISTORIC COLO   | NIAL FOX THEAT           | RE TO BE AN              |                                |
| anc                         |                  | ENDURING DYNAMIC CULTURAL CENTER ENRICHING  | THE QUALITY OF           | LIFE AND                 |                                |
| Governance                  |                  | ECONOMIC VITALITY FOR PITTSBURG, KS AND SUF   | ROUNDING COMMU           | NITIES.                  |                                |
| Š                           | 2                | Check this box ▶ ☐ if the organization discontinued its operations  | or disposed of more than | n 25% of its net assets. |                                |
| ∞                           | 3                | Number of voting members of the governing body (Part VI, line 1a)   |                          |                          | 9.                             |
|                             | 4                | Number of independent voting members of the governing body (Part $\mbox{VI}$  | , line 1b)               |                          | 9.                             |
| Activities                  | 5                | Total number of individuals employed in calendar year 2012 (Part V, line  | e 2a)                    |                          | 5 4.                           |
| Act                         | 6                | Total number of volunteers (estimate if necessary)  |                          |                          | 6 200.                         |
| _                           | 7a               | Total gross unrelated business revenue from Part VIII, column (C), line 12  |                          | 7                        | 'a C                           |
|                             | b                | Net unrelated business taxable income from Form 990-T, line 34  |                          | 7                        |                                |
|                             |                  |   |                          | Prior Year               | Current Year                   |
| 4.                          | 8                | Contributions and grants (Part VIII, line 1h)   |                          | 277,142                  | 303,499.                       |
| Revenue                     | 9                | Program service revenue (Part VIII, line 2g)  | COPY FOR                 | 7,010                    |                                |
| š                           | 10               | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | PUBLIC INSPECTION        | 4,954                    |                                |
| Ϋ́                          | 11               | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                          | 1,75                     | 0 0                            |
|                             | 12               | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)  |                          | 289,106                  | <u> </u>                       |
|                             | 13               | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                          | 1,744                    |                                |
|                             | 14               | Populities and similar amounts paid (Fart IX, column (A), line 1-5)   |                          | 1,71                     | 0                              |
|                             | 15               | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), line  | 00.5.10)                 | 60,950                   | 9                              |
| Expenses                    |                  |   |                          |                          | 7. 1,192.                      |
| oeu                         | ioa              | Professional fundraising fees (Part IX, column (A), line 11e)   | 1 262                    |                          | 1,192.                         |
| EX                          | 4 7 D            | Total fundraising expenses (Part IX, column (D), line 25)   |                          | 00.450                   | CF F07                         |
|                             |                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  |                          | 89,458                   |                                |
|                             | 18               | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25  |                          | 152,159                  |                                |
| - s                         | 19               | Revenue less expenses. Subtract line 18 from line 12  |                          | 136,947                  |                                |
| Net Assets or Fund Balances |                  |   |                          | Beginning of Current Ye  |                                |
| sse                         | 20               | Total assets (Part X, line 16)  |                          | 849,722                  |                                |
| nd E                        | 21               | Total liabilities (Part X, line 26)   |                          | 1,634                    |                                |
|                             |                  | Net assets or fund balances. Subtract line 21 from line 20  |                          | 848,088                  | 3. 1,014,634.                  |
|                             | rt II            | Signature Block   |                          |                          |                                |
|                             |                  | nalties of perjury, I declare that I have examined this return, including accompanying<br>nd complete. Declaration of preparer (other than officer) is based on all information |                          |                          | wledge and belief, it is true, |
| _                           |                  |   |                          |                          |                                |
|                             | ign              | <u> </u>  |                          |                          |                                |
| Н                           | ere              | Signature of officer  |                          | Date                     |                                |
|                             |                  |   |                          |                          |                                |
|                             |                  | Type or print name and title  |                          |                          |                                |
| Paid                        |                  | Print/Type preparer's name Preparer's signature   | Date                     | Check if self-           | PTIN                           |
|                             |                  |   | PY                       | employed <b>&gt;</b>     | P00422601                      |
| Preparer<br>Use Only        |                  | Firm's name ▶ BKD, LLP  |                          | EIN ▶ 4                  | 4-0160260                      |
|                             | ,                | Firm's address ▶ PO BOX 1824 JOPLIN, MO 64802-  |                          |                          | 17-624-1065                    |
| May                         | the I            | RS discuss this return with the preparer shown above? (see instructions)  |                          |                          | X Yes No                       |

# Form 8868

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

File a separate application for each return

| Intern                                    | ai Revenu  | e Service File a   | separate a   | pplication for each return   | n.   |               |
|---|--|--|--|--|--|---------------|
| <ul> <li>If</li> </ul>                    | you are  | filing for an Automatic 3-Month Extension,   | complete o   | only Part I and check  | this box   | <b>&gt;</b> X |
| <ul> <li>If</li> </ul>                    | you are  | filing for an Additional (Not Automatic) 3-Me  | onth Exter   | sion, complete only  | Part II (on page 2 of this form).  |               |
| Elec                                      | tronic fi  | olete Part ii unless you have already been gra<br>Illng (e-file). You can electronically file Form<br>In required to file Form 990-T), or an addition  | 8868 if yo   | ou need a 3-month au   | tomatic extension of time to file  | 6 months for  |
| 886                                       | 8 to req   | uest an extension of time to file any of the   | forms liste  | ed in Part I or Part II  | with the exception of Form 8870  | . Information |
| Retu                                      | im for   | Transfers Associated With Certain Persona  | d Benefit  | Contracts, which mu  | ust be sent to the IRS in paper  | format (see   |
| instr                                     | uctions)   | . For more details on the electronic filing of the   | nis form, vi   | sit www.irs.gov/efile a  | and click on e-file for Charities & No   | onprofits.    |
| Par                                       | til Au   | tomatic 3-Month Extension of Time. Or  | nly submit   | original (no copies  | needed).   |               |
| A co                                      | rporatio   | n required to file Form 990-T and requesting   | an autom   | atic 6-month extensio  | n - check this box and complete  | •             |
|   |  | , , , ,  |  |  | ande i la malanda. Espera esta efica esta esta esta esta esta de atra esta esta esta esta esta esta esta est | . •           |
| All o                                     | ther cor   | porations (including 1120-C filers), partnersh   | ips. REMIC   | Cs. and trusts must use  | e Form 7004 to request an extensio   | n of time     |
|   |  | e tax returns.   |  |  | Enter filer's identifying number,  |               |
|   |  | Name of exempt organization or other filer, see in   | structions.  |  | Employer identification number (EIN  |               |
| Typ                                       |  | <ul> <li>Decided Size (2007) — Decided a first financial of the residence of the reside</li></ul> |  | CODY   |  | ,,            |
| prin                                      | t  | COLONIAL FOX THEATRE FOUNDAT:  | ION  | COPY   | 33-1160933   |               |
| File by                                   |  | Number, street, and room or suite no. If a P.O. bo   |  | ctions.  | Social security number (SSN)   |               |
| due d                                     | ate for  | 407 NORTH BROADWAY   |  | 7.77.77.7  | Social security number (SSN)   |               |
| return                                    |  | City, town or post office, state, and ZIP code. For  | a foreign ad   | dress see instructions   |  |               |
| Instru                                    | ctions.  | PITTSBURG, KS 66762  | u rororgir au  | aroot, too mondono.  |  |               |
| Ente                                      | r the Re   | eturn code for the return that this application  | is for (file :   | separate application   | for each return)   | 0 1           |
|   | 1 1110 110   | and code for the return that this application  | 15 101 (1116 8   | separate application   | Tor each return)   |               |
| Appl                                      | lcation  |  | Return   | Application  |  | Return        |
| ls Fo                                     | r  |  | Code   | is For   | Code   |               |
| Forn                                      | 990 or   | Form 990-EZ  | 01   | Form 990-T (corpora  | ation)   | 07            |
| Form                                      | 990-BL   | •  | 02   | Form 1041-A  |  | 08            |
| Form                                      | 4720-  | (individual)   | 03   | Form 4720  | 09   |               |
| Form                                      | 990-PF   |  | 04   | Form 5227  | 3 3 4 5 4 4 5 5 5 6 5 6 5 6 6 6 6 6 6 6 6 6  | 10            |
| Form                                      | 990-T  | (sec. 401(a) or 408(a) trust)  | 05   | Form 6069  | 11   |               |
|   |  | (trust other than above)   | 06   | Form 8870  | 12   |               |
| Te If | elephone the orga this is fone whole with the I reques until for the X If the ta | wheeler & MITC  No. ► 620 231-4650  Initiation does not have an office or place of the proof of        | Industries in the control of t | FAX No.  the United States, choup Exemption Number art of the group, check equired to file Form 98 ganization return for the ganization return for t | r (GEN)  |               |
| b   |  | application is for Form 990-PF, 990-T,   | 4720. or   | 6069, enter any  |  |               |
| _   |  | ed tax payments made. Include any prior year   |  |  | P. B. M. S.  |               |
| C   | Balance  | e due. Subtract line 3b from line 3a. Include  | your paym  |  | required, by using EFTPS   | -             |
|   |  | onic Federal Tax Payment System). See instruc  |  |  | 3c \$  |               |
| Cauti                                     | on. If you   | are going to make an electronic fund withdrawal  | with this Fo   | rm 8868, see Form 845  | 3-EO and Form 8879-EO for payment  | instructions  |

| Form 8868   | Form 8868 (Rev. 1-2013) Page <b>2</b>  |  |  |  |                 |  |  |  |  |  |  |
|---|--|--|--|--|-----------------|--|--|--|--|--|--|
| • If you  | If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box▶      X  |  |  |  |                 |  |  |  |  |  |  |
| Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  |  |  |  |  |                 |  |  |  |  |  |  |
| <ul><li>If you</li></ul>  | <ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).</li> </ul>  |  |  |  |                 |  |  |  |  |  |  |
| Part II   | Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).   |  |  |  |                 |  |  |  |  |  |  |
|   |  |  | E E  | nter filer's identifying number, see   | instructions    |  |  |  |  |  |  |
| Type or print   | COLONIAL FOX THEATRE FOUNDATE  | ION  | COPY   | Employer identification number (E  | (IIV) or        |  |  |  |  |  |  |
| File by the   | Number, street, and room or suite no. If a P.O. box  | x, see instru  | ctions.  | Social security number (SSN)   |                 |  |  |  |  |  |  |
| due date for  |  |  |  |  | -               |  |  |  |  |  |  |
| filing your return. See   |  | city, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |  |                 |  |  |  |  |  |  |
| instructions.   |  | PITTSBURG, KS 66762  |  |  |                 |  |  |  |  |  |  |
| TALL STATE OF THE | Return code for the return that this application   |  |  | ach return)  |                 |  |  |  |  |  |  |
| Applicati   | on   | Return   | Application  |  | Return          |  |  |  |  |  |  |
| Is For  |  | Code   | Is For   |  | Code            |  |  |  |  |  |  |
|   | 0 or Form 990-EZ   | 01   |  |  |                 |  |  |  |  |  |  |
| Form 990  | W. A. S.   | 02   | Form 1041-A  |  | 08              |  |  |  |  |  |  |
|   | 20 (individual)  | 03   | Form 4720  | 11-1/19/202  | 09              |  |  |  |  |  |  |
| Form 990  | the state of the s | 04   | Form 5227  | 7/4W-1=3-10-1  | 10              |  |  |  |  |  |  |
|   | 0-T (sec. 401(a) or 408(a) trust)  | 05   | Form 6069  | 3481D  | 11              |  |  |  |  |  |  |
|   | 0-T (trust other than above)   | 06   | Form 8870  |  | 12              |  |  |  |  |  |  |
|   | o not complete Part II if you were not already   |  |  | ision on a previously filed For  | n 8868.         |  |  |  |  |  |  |
|   | ooks are in the care of ► WHEELER & MITC. none No. ► 620 231-4650  |  |  | •  |                 |  |  |  |  |  |  |
|   |  |  | FAX No.   Charles the United States about the  | the beautiful to the same of   |                 |  |  |  |  |  |  |
| • If the C  | organization does not have an office or place of h   | ousiness ir  | the United States, check the   | IIS DOX  |                 |  |  |  |  |  |  |
| for the   | is for a Group Return, enter the organization's for hole group, check this box ▶   | ur digit Gre   | oup exemption Number (GE   | N) If th   |                 |  |  |  |  |  |  |
|   | he names and EINs of all members the extension   |  | art of the group, check this   | box▶ and att   | acria           |  |  |  |  |  |  |
|   | quest an additional 3-month extension of time un   |  | 1  | 1/15 , 20 13 .   | -               |  |  |  |  |  |  |
|   | calendar year 2012, or other tax year beginning  |  |  |  | 20              |  |  |  |  |  |  |
|   | e tax year entered in line 5 is for less than 12 m   |  |  | d ending ,<br>turn Final return  | 20              |  |  |  |  |  |  |
|   | Change in accounting period  | ישמישטי  | 1  |  |                 |  |  |  |  |  |  |
| 7 Stat  | te in detail why you need the extension ATTAC  | MHENI .  | L  |  |                 |  |  |  |  |  |  |
|   | eservitence and an area of the second  |  | a us a state twenty  | MAN STEPRESS CONTROL OF THE ST |                 |  |  |  |  |  |  |
| <del></del>   | NAME OF THE OWNER OW |  |  | ***************************************  |                 |  |  |  |  |  |  |
| On If th  | nis application is for Form 990-BL, 990-PF, 99   | O T 4720   | or 6060 onter the tent   | rative toy lose ony  |                 |  |  |  |  |  |  |
|   | refundable credits. See instructions.  | 10-1, 4/20   | o, or occa, enter the tent   |  |                 |  |  |  |  |  |  |
| 2000  | his application is for Form 990-PF, 990-T,   | 1720 0   | 6060 onter any refun   | dable credits and  |                 |  |  |  |  |  |  |
|   | mated tax payments made. Include any pri   |  |  |  |                 |  |  |  |  |  |  |
|   | ount paid previously with Form 8868.   | or year c  | overpayment anowed as  |  |                 |  |  |  |  |  |  |
|   | ance Due. Subtract line 8b from line 8a. Include   | vour navm  | ent with this form if requir   | ed by using EETPS  |                 |  |  |  |  |  |  |
|   | ectronic Federal Tax Payment System). See instruc  |  | ient with this form, if requir   | ed, by using Li 173  |                 |  |  |  |  |  |  |
| (10   | Signature and Verifica   |  | st be completed for P  |  |                 |  |  |  |  |  |  |
| 문자장이 없면 하게 경투하게 되었습니?   | alties of perjury, I declare that I have examined this form, in the complete, and that I am authorized to prepare this form  | including acc  | n de la compositoria della compo |  | lge and belief, |  |  |  |  |  |  |
|   | 22   |  |  |  |                 |  |  |  |  |  |  |
| Signature >   |  |  | Title > 174  | Date Date  | /Pay 1 2010)    |  |  |  |  |  |  |

33-1160933

ATTACHMENT 1

REASON FOR 2ND EXTENSION

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

33-1160933 COLONIAL FOX THEATRE FOUNDATION Form 990 (2012) Page 2 Part III **Statement of Program Service Accomplishments** Briefly describe the organization's mission: TO ACQUIRE, MAINTAIN AND OPERATE THE HISTORICAL COLONIAL-FOX THEATRE BUILDING IN PITTSBURG, KS IN ORDER TO BE TO BE AN ENDURING DYNAMIC CULTURAL CENTER ENRICHING THE QUALITY OF LIFE AND ECONOMIC VITALITY OF PITTSBURG AND SURROUNDING COMMUNITIES 2 Did the organization undertake any significant program services during the year which prior Form 990 or 990 EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ 135,837 including grants of \$\_\_\_\_ ) (Revenue \$ TO ACQUIRE, MAINTAIN AND OPERATE THE HISTORIC COLONIAL FOX THEATRE BUILDING IN PITTSBURG, KS IN ORDER TO BE AN ENDURING DYNAMIC CULTURAL CENTER ENRICHING THE QUALITY OF LIFE AND ECONOMIC VITALITY FOR PITTSBURG AND SURROUNDING COMMUNITIES. TO PROMOTE, CONDUCT, AND CARRY ON CHARITABLE, CULTURAL, RECREATIONAL, AND EDUCATIONAL PROGRAMS FOR THE CITIZENS OF PITTSBURG, KS, AND THE SURROUNDING COMMUNITIES. ALSO TO PROMOTE THE HISTORY AND HERITAGE OF THE COMMUNITY AND ITS LANDMARKS. ) (Revenue \$ 4b (Code: including grants of \$ **4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ 4e Total program service expenses ▶

135,837.

Form 990 (2012) Page **3** 

| Part       | Checklist of Required Schedules   |            |     | -9  |
|------------|---|------------|-----|-----|
|            |   |            | Yes | No  |
| 1          | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |            |     |     |
|            | complete Schedule A   | 1          | X   |     |
| 2          | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2          | X   |     |
| 3          | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  |            |     | 37  |
|            | candidates for public office? If "Yes," complete Schedule C. Part I.  | 3          |     | X   |
| 4          | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4          | y   | Х   |
| 5          | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  | · •        |     |     |
|            | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,   | _          |     |     |
| 6          | Part III  | 5          |     |     |
| 6          | 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          |     | Х   |
| 7          | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |            |     |     |
| •          | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>  | 7          |     | Х   |
| 8          | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"  |            |     |     |
|            | complete Schedule D, Part III   | 8          |     | Х   |
| 9          | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a   |            |     |     |
|            | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or  |            |     |     |
|            | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9          |     | X   |
| 10         | Did the organization, directly or through a related organization, hold assets in temporarily restricted   |            |     |     |
|            | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10         |     | X   |
| 11         | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  |            |     |     |
| а          | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  |            |     |     |
|            | complete Schedule D, Part VI  | 11a        | X   |     |
| b          | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more  |            |     |     |
|            | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |     | X   |
| С          | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more   |            |     | 3.7 |
|            | 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  | 444        |     | v   |
| _          | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d<br>11e |     | X   |
|            | Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116        |     |     |
| '          | the organization's separate of consolidated financial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                   | 11f        |     | Х   |
| 12 a       | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes,"   |            |     |     |
| . <u> </u> | complete Schedule D, Parts XI and XII   | 12a        |     | Х   |
| b          | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if  |            |     |     |
|            | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b        |     | X   |
| 13         | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13         |     | Х   |
| 14 a       | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a        |     | X   |
| b          | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  |            |     |     |
|            | fundraising, business, investment, and program service activities outside the United States, or aggregate   |            |     |     |
|            | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        |     | X   |
| 15         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any  |            |     |     |
|            | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  | 15         |     | X   |
| 16         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance   | 4.0        |     | 3.7 |
| 4-         | 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   | 17         |     | Х   |
| 10         | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17         |     |     |
| 18         | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>  | 18         |     | Х   |
| 19         | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  | 10         |     |     |
| 13         | If "Yes," complete Schedule G, Part III   | 19         |     | Х   |
| 20 a       | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>   | 20a        |     | X   |
|            | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |            |     |     |

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| Part | IV 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            |           | Х  |
| 22   | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States       |               |           |    |
|      | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22            |           | Х  |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                    | $\overline{}$ | _         |    |
| 25   | organization's current and former officers, directors, trustees, key employees, and highest compensated                | )             | $\sqrt{}$ |    |
|      | sp.s, see 188, sep.see sesee.se  | <b>2</b> 3    | <b>y</b>  | X  |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                    | ٦ ٦           |           |    |
|      | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b          |               |           |    |
|      | through 24d and complete Schedule K. If "No," go to line 25  | 24a           |           | X  |
| b    | 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              |               |           |    |
|      | to defease any tax-exempt bonds?   | 24c           |           |    |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                | 24d           |           |    |
| 25 a |  |               |           |    |
|      | with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                      | 25a           |           | X  |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior       |               |           |    |
|      | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?           |               |           |    |
|      | If "Yes," complete Schedule L, Part I  | 25b           |           | X  |
| 26   | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or      |               |           |    |
|      | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . | 26            |           | X  |
| 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):                                    |               |           |    |
|      | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                | 28a           |           | X  |
| b    | 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, Part II, III,         |               |           |    |
|      | or IV, and Part 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    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a                |               |           |    |
|      | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2              | 35b           |           |    |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable                   |               |           |    |
|      | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36            |           | X  |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization       |               |           |    |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,                   |               |           |    |
|      | Part VI  | 37            |           | X  |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and             |               |           |    |
|      | 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38            | Х         |    |

Form 990 (2012) Page **5** 

| Par |  |     |     |    |
|-----|--|-----|-----|----|
|     | Check if Schedule O contains a response to any question in this Part V   |     | Yes | No |
| 1.0 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6  |     | res | NO |
|     | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |     |     |    |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and   |     |     |    |
|     |  | 1c_ | X   |    |
| 2.0 | reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |     |     |    |
| Za  | Statements, filed for the calendar year ending with or within the year covered by this return. 2a  | JA  | V   |    |
| h   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | X   |    |
|     | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  |     |     |    |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | Х  |
|     | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>  | 3b  |     |    |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  |     |     |    |
|     | over, a financial account in a foreign country (such as a bank account, securities account, or other financial   |     |     |    |
|     | account)?  | 4a  |     | 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.   |     |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | X  |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |    |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |     |     |    |
|     | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a  |     | X  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |     |     |    |
|     | gifts were not tax deductible?   | 6b  |     |    |
|     | Organizations that may receive deductible contributions under section 170(c).  |     |     |    |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |     |     |    |
|     | and services provided to the payor?  | 7a  |     | X  |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |    |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | 7.  |     | Х  |
| اہ  | required to file Form 8282?  | 7c  |     |    |
|     | If "Yes," indicate the number of Forms 8282 filed during the year 7d   | 7e  |     | Х  |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f  |     | X  |
|     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     |    |
| _   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     |    |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting  |     |     |    |
|     | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring   |     |     |    |
|     | organization, have excess business holdings at any time during the year?   | 8   |     |    |
| 9   | Sponsoring organizations maintaining donor advised funds.  |     |     |    |
| а   | Did the organization make any taxable distributions under section 4966?  | 9a  |     |    |
|     | 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   |     |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |     |     |    |
| 11  | Section 501(c)(12) organizations. Enter:   |     |     |    |
|     | Gross income from members or shareholders  |     |     |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources   |     |     |    |
|     | against amounts due or received from them.)  | 10. |     |    |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |    |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |     |    |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 120 |     |    |
| а   | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |    |
| L   | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which                        |     |     |    |
| Ŋ   | 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  |
|     | If "Vos " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0  | 1/h |     |    |

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COLONIAL FOX THEATRE FOUNDATION Form 990 (2012) 33-1160933 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule C Enter the number of voting members included in line 1a, above, who are independent . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship 2 Χ any other officer, director, trustee, or key employee? .......... Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?..... 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 . . . . . . . . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Χ **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done 13 X 13 Х 14 Did the organization have a written document retention and destruction policy?....... 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? 15a The organization's CEO, Executive Director, or top management official X 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 Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶\_\_\_\_\_\_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website

| X | Upon request Other (explain in Schedule O) Another's website

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶wheeler & mitchelson, chtd. 4th & broadway pittsburg, ks 66762

Part VII

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee.
- List the organization's five current highest compensated employees (other than an officer, director, trustee employee) ke\ 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)<br>Name and Title                  | (B) Average hours per week (list an)                           | r box, unless person is both an |                       |         |              |                              | an     | (D) Reportable compensation from       | (E) Reportable compensation from related | <b>(F)</b> Estimated amount of other                                     |
|--|--|---------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
|  | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) DR GINA PINAMONTI                  | 2.00   |                                 |                       |         |              |                              |        |  |  |  |
| PRESIDENT                              |  | Х                               |                       | Х       |              |                              |        | 0                                      | 0  | 0  |
| (2) BRENT CASTAGNO                     | 1.00   |                                 |                       |         |              |                              |        |  |  |  |
| BOARD MEMBER                           |  | X                               |                       |         |              |                              |        | О                                      | 0  | 0  |
| (3) STELLA HASTINGS                    | 2.00   |                                 |                       |         |              |                              |        |  |  |  |
| SECRETARY                              |  | X                               |                       | Х       |              |                              |        | C                                      | 0  | 0  |
| (4) DR JOEL RHODES                     | 1.00   |                                 |                       |         |              |                              |        |  |  |  |
| BOARD MEMBER                           | 1 00   | X                               |                       |         |              |                              |        | C                                      | 0  | 0  |
| (5) RAY RYAN<br>BOARD MEMBER           | 1.00   | X                               |                       |         |              |                              |        | C                                      | 0  | 0  |
| (6) GREG SHAW                          | 2.00   | 21                              |                       |         |              |                              |        |  | 0  |  |
| VICE PRESIDENT                         |  | X                               |                       | X       |              |                              |        | C                                      | 0  | 0  |
| (7) DR TALAAT YAGHMOUR<br>BOARD MEMBER | 1.00   | Х                               |                       |         |              |                              |        | C                                      | 0  | 0  |
| (8) ROCKY WILLIAMS                     | 1.00   |                                 |                       |         |              |                              |        |  |  |  |
| BOARD MEMBER THROUGH 6/12              |  | X                               |                       |         |              |                              |        | C                                      | 0  | 0  |
| (9) CYNTHIA HARVEY                     | 3.00   |                                 |                       |         |              |                              |        |  |  |  |
| TREASURER                              |  | X                               |                       | Х       |              |                              |        | C                                      | 0  | 0  |
| (10) DUANE DREILING                    | 1.00   |                                 |                       |         |              |                              |        |  |  |  |
| BOARD MEMBER THROUGH 12/12             |  | X                               |                       |         |              |                              |        | С                                      | 0  | 0  |
| (11)TIM MCNALLY                        | 1.00   |                                 |                       |         |              |                              |        |  |  |  |
| BOARD MEMBER                           |  | X                               |                       |         |              |                              |        | C                                      | 0  | 0  |
| (12) VONNIE CORSINI EXECUTIVE DIRECTOR | 60.00  |                                 |                       | Х       |              |                              |        | 37,500.                                | 0  | 0  |
| (13)                                   |  |                                 |                       |         |              |                              |        |  |  |  |
| (14)                                   |  |                                 |                       |         |              |                              |        |  |  |  |

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| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|---|--|-------------------|-------|--------|--------------|--|--------------------------|--|---------------------------------------|---------------------|---|-----------------------------------|
| (A)<br>Name and title   | (B)<br>Average<br>hours per  | ,                 |       |        | tion<br>more | than o                                 |                          | (D) Reportable compensation                    | <b>(E)</b> Reportabl compensation     |                     | <b>(F</b><br>Estim<br>amou                            | ated<br>nt of                     |
| Public I  | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | office<br>or dire | r and | d a di | recto        | both both Highest compensated employee |                          | from<br>the<br>organization<br>(W-2/1099-MISC) | related<br>organizatio<br>(W-2/1099-N |                     | oth<br>comper<br>from<br>organiz<br>and re<br>organiz | nsation<br>the<br>zation<br>lated |
|   | <br>   |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
| 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)                      | =  |                   |       | <br>   |              |  | <b>* * *</b>             | 37,500.<br>0<br>37,500.                        |                                       | 0 0                 |   | 0 0                               |
| Total number of individuals (including but not reportable compensation from the organization)                   | limited to tl  |                   |       | d ab   | ove          | e) who                                 | re                       |  | \$100,000 of                          |                     |   |                                   |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu                    |  |                   |       |        |              |  |                          |  |                                       |                     | 3   | es No                             |
| 4 For any individual listed on line 1a, is the sorganization and related organizations gro                      | eater than   | \$15              | 0,0   | 00?    | If           | "Yes                                   | ," (                     | complete Schedu                                | le J for su                           | ch                  |   |                                   |
| <ul><li>individual</li><li>5 Did any person listed on line 1a receive or</li></ul>                              | accrue coi   | mpen              | sati  | on fi  | rom          | any                                    | uni                      | related organization                           | on or individu                        | ıal                 | 4   | X                                 |
| for services rendered to the organization? <i>If "You Section B. Independent Contractors</i>                    | es, compie   | te Scr            | ieau  | iie J  | TOP          | sucn                                   | per                      | son  |                                       |                     | 5   | X                                 |
| 1 Complete this table for your five highest com-<br>compensation from the organization. Report of<br>year.      |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
| (A) Name and business address   |  |                   |       |        |              |  | (B)<br>Description of se | rvices   | Co                                    | (C)<br>Compensation |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
|   |  |                   |       |        |              |  |                          |  |                                       |                     |   |                                   |
| 2 Total number of independent contractors (in<br>more than \$100,000 in compensation from th                    |  |                   |       | nited  |              | thos                                   | e li                     | sted above) who                                | received                              |                     |   |                                   |

| Form  | 990 (2               | 2012) COLONIAL FO   | OX THEATRE                     | FOUNDATION            |  | 33-11609                                | 33 Page <b>9</b>  |
|---|----------------------|---|--------------------------------|-----------------------|--|---|---|
| Pai   | rt VIII              | Statement of Revenue  |                                |                       |  |   |   |
|   |                      | Check if Schedule O contains a respo  | nse to any ques                | tion in this Part VII | I                                      |   |   |
|   |                      |   |                                | (A)<br>Total revenue  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Program Service Revenue and Other Similar Amounts | 1a b c d e f g h c d | Federated campaigns   | 16,323.<br>253,007.<br>10,032. | 303,499.              | on (                                   | Cop                                     | y   |
| аш  | е                    |   |                                |                       |  |   |   |
| ogı   | f                    | All other program service revenue   |                                |                       |  |   |   |
|   | 3<br>4<br>5          | Total. Add lines 2a-2f  | rest, and                      | 9,920.<br>297.<br>0   |  |   | 297.  |
|   | 6a<br>b<br>c<br>d    | Gross rents   |                                | 0                     |  |   |   |
|   | 7a<br>b<br>c         | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses                   | 50.<br>5.<br>45.               | 45.                   |  |   | 45  |
| Other Revenue                                     | 8a                   | Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18 a |                                |                       |  |   |   |
| ţ   | b                    | Less: direct expenses <b>b</b> Net income or (loss) from fundraising events   |                                | 0                     |  |   |   |
| 0   |                      | Gross income from gaming activities.  See Part IV, line 19  |                                | 0                     |  |   |   |
|   | b                    | Less: direct expenses b   |                                |                       |  |   |   |
|   | c                    | Net income or (loss) from gaming activities   |                                | 0                     |  |   |   |
|   | 10a                  | Gross sales of inventory, less returns and allowances a   |                                |                       |  |   |   |
|   | b                    | Less: cost of goods sold b  |                                |                       |  |   |   |
|   | С                    | Net income or (loss) from sales of inventory  |                                | 0                     |  |   |   |
|   |                      | Miscellaneous Revenue   | Business Code                  |                       |  |   |   |
|   | 11a                  |   |                                |                       |  |   |   |
|   | b                    |   |                                |                       |  |   |   |
|   | С                    |   |                                |                       |  |   |   |

9,920.

d All other revenue .

e Total. Add lines 11a-11d Total revenue. See instructions

### 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).

| Check if Schedule O contains a response to any question in this Part IX |   |  |                              |                                     |  |  |  |  |  |  |  |
|---|---|--|------------------------------|-------------------------------------|--|--|--|--|--|--|--|
|   | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.                         | (A)<br>Total expenses                        | (B) Program service expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses |  |  |  |  |  |  |
| 1   | Grants and other assistance to governments and  |  | э-р                          | gamana anpanasa                     |  |  |  |  |  |  |  |
|   | organizations in the United States. See Part IV, line 21  | 0  |                              |                                     |  |  |  |  |  |  |  |
| 2   | Grants and other assistance to individuals in   |  | 4: 4                         |                                     |  |  |  |  |  |  |  |
| -   | the United States. See Part IV, line 22   | ngna   |                              |                                     |  |  |  |  |  |  |  |
| 3   | Grants and other assistance to governments,   | TOPU   | <b>OLIO</b>                  |                                     | $\mathcal{F}$                          |  |  |  |  |  |  |
|   | organizations, and individuals outside the  |  |                              |                                     | 1 3                                    |  |  |  |  |  |  |
|   | United States. See Part IV, lines 15 and 16   | 0  |                              |                                     |  |  |  |  |  |  |  |
| 4   | Benefits paid to or for members   | 0  |                              |                                     |  |  |  |  |  |  |  |
| 5   | Compensation of current officers, directors,  |  |                              |                                     |  |  |  |  |  |  |  |
|   | trustees, and key employees   | 37,500.                                      | 35,876.                      | 1,579.                              | 45.                                    |  |  |  |  |  |  |
| 6   | Compensation not included above, to disqualified  |  |                              |                                     |  |  |  |  |  |  |  |
|   | persons (as defined under section 4958(f)(1)) and   |  |                              |                                     |  |  |  |  |  |  |  |
|   | persons described in section 4958(c)(3)(B)  | 0  |                              |                                     |  |  |  |  |  |  |  |
| 7   | Other salaries and wages  | 29,055.                                      | 27,797.                      | 1,223.                              | 35.                                    |  |  |  |  |  |  |
| 8   | Pension plan accruals and contributions (include section  |  |                              |                                     |  |  |  |  |  |  |  |
|   | 401(k) and 403(b) employer contributions)   | 0  |                              |                                     |  |  |  |  |  |  |  |
| 9   | Other employee benefits   | 2,775.                                       | 2,655.                       | 117.                                | 3.                                     |  |  |  |  |  |  |
| 10  | Payroll taxes   | 11,707.                                      | 11,200.                      | 493.                                | 14.                                    |  |  |  |  |  |  |
| 11  | Fees for services (non-employees):  |  |                              |                                     |  |  |  |  |  |  |  |
| а   | Management  | 0  |                              |                                     |  |  |  |  |  |  |  |
| b   | Legal   | 0  |                              | 4 640                               |  |  |  |  |  |  |  |
| С   | Accounting  | 4,640.                                       |                              | 4,640.                              |  |  |  |  |  |  |  |
|   | Lobbying  | 1 102  |                              |                                     | 1 100                                  |  |  |  |  |  |  |
|   | Professional fundraising services. See Part IV, line 17   | 1,192.                                       |                              |                                     | 1,192.                                 |  |  |  |  |  |  |
|   | Investment management fees  | 0  |                              |                                     |  |  |  |  |  |  |  |
| g   | Other. (If line 11g amount exceeds 10% of line 25, column                                       | 13,539.                                      | 12,953.                      | 570.                                | 16.                                    |  |  |  |  |  |  |
| 40  | (A) amount, list line 11g expenses on Schedule O.)  | 8,359.                                       | 7,997.                       | 352.                                | 10.                                    |  |  |  |  |  |  |
| 12  | Advertising and promotion   | 9,332.                                       | 8,928.                       | 393.                                | 11.                                    |  |  |  |  |  |  |
| 13<br>14  | Office expenses   | 1,259.                                       | 1,204.                       | 53.                                 | 2.                                     |  |  |  |  |  |  |
| 15  | Information technology  | 0  | 1,201.                       | 33.                                 | 2.                                     |  |  |  |  |  |  |
| 16  | Royalties   | 9,806.                                       | 9,381.                       | 413.                                | 12.                                    |  |  |  |  |  |  |
| 17  | Travel  | 7,726.                                       | 7,392.                       | 325.                                | 9.                                     |  |  |  |  |  |  |
| 18  | Payments of travel or entertainment expenses  | .,   | .,,                          |                                     |  |  |  |  |  |  |  |
| -   | for any federal, state, or local public officials   | 0  |                              |                                     |  |  |  |  |  |  |  |
| 19  | Conferences, conventions, and meetings  | 3,071.                                       | 2,938.                       | 129.                                | 4.                                     |  |  |  |  |  |  |
| 20  | Interest  | 0  |                              |                                     |  |  |  |  |  |  |  |
| 21  | Payments to affiliates  | 0  |                              |                                     |  |  |  |  |  |  |  |
| 22  | Depreciation, depletion, and amortization   | 1,223.                                       | 1,171.                       | 51.                                 | 1.                                     |  |  |  |  |  |  |
| 23  | Insurance   | 4,188.                                       | 4,007.                       | 176.                                | 5.                                     |  |  |  |  |  |  |
| 24  | Other expenses. Itemize expenses not covered  |  |                              |                                     |  |  |  |  |  |  |  |
|   | above (List miscellaneous expenses in line 24e. If  |  |                              |                                     |  |  |  |  |  |  |  |
|   | line 24e amount exceeds 10% of line 25, column  |  |                              |                                     |  |  |  |  |  |  |  |
|   | (A) amount, list line 24e expenses on Schedule O.)  |  |                              |                                     |  |  |  |  |  |  |  |
| а   | DUES & SUBSCRIPTIONS  | 2,444.                                       | 2,338.                       | 103.                                | 3.                                     |  |  |  |  |  |  |
| b   |   |  |                              |                                     |  |  |  |  |  |  |  |
| С   |   |  |                              |                                     |  |  |  |  |  |  |  |
| d   |   |  |                              |                                     |  |  |  |  |  |  |  |
|   | All other expenses  | 147 015                                      | 105 005                      | 10.55                               | 1 262                                  |  |  |  |  |  |  |
| 2 <u>5</u>  | Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the | 147,816.                                     | 135,837.                     | 10,617.                             | 1,362.                                 |  |  |  |  |  |  |
| 26  | 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  |                              |                                     |  |  |  |  |  |  |  |
|   |   | <u>.                                    </u> |                              | <u> </u>                            | <u> </u>                               |  |  |  |  |  |  |

JSA 2E1052 1.000

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#### Form 990 (2012) Part X **Balance Sheet**

|               |          | Check if Schedule O contains a response  | to on    | / guestion in this Part | + ∨               |            |             |
|---------------|----------|--|----------|-------------------------|-------------------|------------|-------------|
|               |          | Check ii Schedule O contains a response  | io ari   | y question in this Fai  | (A)               |            | (B)         |
|               |          |  |          |                         | Beginning of year |            | End of year |
|               | 1        | Cash - non-interest-bearing  |          |                         | 8,772.            | 1          | 13,903.     |
|               | 2_       | Savings and temporary cash investments   |          |                         | 114,080.          | 2          | 175,902.    |
|               |          | Pledges and grants receivable, net   |          | octid                   |                   | 3          | 0           |
|               |          | Accounts receivable, net  Loans and other receivables from current and   |          |                         |                   | 4          |             |
|               | 5■       | trustees, key employees, and highest co  |          |                         |                   |            |             |
|               |          |  |          |                         | 0                 | 5          | 0           |
|               | 6        | Complete Part II of Schedule L<br>Loans and other receivables from other disqualified pers                       | ons (as  | defined under section   | 3                 |            |             |
|               |          | 4958(f)(1)), persons described in section 4958(c)(3)(B)  | , and    | contributing employers  |                   |            |             |
|               |          | and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche |          |                         | 0                 | 6          | 0           |
| Assets        | 7        | Notes and loans receivable, net  |          |                         | 0                 | 7          | 0           |
| Ass           | 8        | Inventories for sale or use  |          |                         | 0                 | 8          | 0           |
| 1             | 9        | Prepaid expenses and deferred charges  |          |                         | 0                 | 9          | 0           |
|               | 10 a     | Land, buildings, and equipment: cost or  |          |                         |                   |            |             |
|               |          |  | 10a      |                         |                   |            |             |
|               |          | Less: accumulated depreciation   | 720,843. |                         | 819,419.          |            |             |
|               | 11       | Investments - publicly traded securities   |          | 0                       | •••               | 0          |             |
|               | 12<br>13 | Investments - other securities. See Part IV, line 11   | 0        | 12<br>13                | 0                 |            |             |
|               | 14       | Investments - program-related. See Part IV, line 11  | T I      | 0                       | 14                | 0          |             |
|               | 15       | Intangible assets Other assets. See Part IV, line 11   |          |                         | 6,027.            | 15         | 6,000.      |
|               | 16       | Total assets. Add lines 1 through 15 (must equal   |          | 849,722.                | 16                | 1,015,224. |             |
| $\rightarrow$ | 17       | Accounts payable and accrued expenses  |          |                         | 1,634.            | 17         | 590.        |
|               | 18       | Grants payable   | 0        | 18                      | 0                 |            |             |
|               | 19       | Deferred revenue   | 0        | 19                      | 0                 |            |             |
|               | 20       | Tax-exempt bond liabilities  |          | 0                       | 20                | 0          |             |
| es            | 21       | Escrow or custodial account liability. Complete Pa   | art IV   | of Schedule D           | 0                 | 21         | 0           |
| Liabilities   | 22       | Loans and other payables to current and for  |          |                         |                   |            |             |
| jak           |          | trustees, key employees, highest compen  |          |                         |                   |            |             |
|               | 22       | disqualified persons. Complete Part II of Schedule   |          |                         | 0                 | 22         | 0           |
|               | 23<br>24 | Secured mortgages and notes payable to unrelate<br>Unsecured notes and loans payable to unrelated                |          |                         | 0                 |            | 0           |
|               | 25       | Other liabilities (including federal income tax,   |          |                         | 0                 | 24         | 0           |
|               |          | parties, and other liabilities not included on lines   |          |                         |                   |            |             |
|               |          | of Schedule D  |          | · .                     | 0                 | 25         | 0           |
|               | 26       | Total liabilities. Add lines 17 through 25   |          |                         | 1,634.            | 26         | 590.        |
| es            |          | Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and                     |          | k here ▶ and            |                   |            |             |
| Fund Balances | 27       | Unrestricted net assets  |          |                         |                   | 27         |             |
| Bal           | 28       | Temporarily restricted net assets  |          |                         |                   | 28         |             |
| pg            | 29       | Permanently restricted net assets  |          | <u></u>                 |                   | 29         |             |
| or Fu         |          | Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.                                | , chec   | k here ► X and          |                   |            |             |
|               | 30       | Capital stock or trust principal, or current funds   |          |                         | 0                 | 30         | 0           |
| Assets        | 31       | Paid-in or capital surplus, or land, building, or equ  | ıipmer   | nt fund                 | 0                 | 31         | 0           |
|               | 32       | Retained earnings, endowment, accumulated inc  | ome,     | or other funds          | 848,088.          | 32         | 1,014,634.  |
|               | 33       | Total net assets or fund balances  |          |                         | 848,088.          | 33         | 1,014,634.  |
|               | 34       | Total liabilities and net assets/fund balances   |          |                         | 849,722.          | 34         | 1,015,224.  |

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| Part | XI Reconciliation of Net Assets  |        |          |     |           |      |  |
|------|--|--------|----------|-----|-----------|------|--|
|      | Check if Schedule O contains a response to any question in this Part XI  |        |          |     |           |      |  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1      |          | 3   | 13,5      | 761. |  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2      |          | 1   | 47,8      | 316. |  |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3      |          | 1   | 65,9      | 945. |  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33_column (A))   | 4      |          | 8   | 48,0      | )88. |  |
| 5    | Net unrealized gains (losses) on investments   | 5      | <b>N</b> |     |           | 0    |  |
| 6    | Donated services and use of facilities   | 6      |          | 11  |           | 0    |  |
| 7    | Investment expenses  | 7      | ノト       |     | <u>Y_</u> | 0    |  |
| 8    | Prior period adjustments   | 8      |          |     | (         | 501. |  |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)   | 9      |          |     |           | 0    |  |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   |        |          |     |           |      |  |
| _    | 33, column (B))  | 10     |          | 1,0 | 14,6      | 534. |  |
| Part |  |        |          |     |           |      |  |
|      | Check if Schedule O contains a response to any question in this Part XII   |        |          | • • |           |      |  |
|      |  |        |          |     | Yes       | No   |  |
| 1    | Accounting method used to prepare the Form 990: CashX Accrual Other  |        |          |     |           |      |  |
|      | 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    |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were com-  | piled  | or       |     |           |      |  |
|      | reviewed on a separate basis, consolidated basis, or both:   |        |          |     |           |      |  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |        |          |     |           |      |  |
| b    | Were the organization's financial statements audited by an independent accountant?   |        |          | 2b  |           | X    |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audit                                       | ed o   | na       |     |           |      |  |
|      | separate basis, consolidated basis, or both:   |        |          |     |           |      |  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |        |          |     |           |      |  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs                                | -      |          |     |           |      |  |
|      | of the audit, review, or compilation of its financial statements and selection of an independent accour                                |        |          | 2c  |           |      |  |
|      | If the organization changed either its oversight process or selection process during the tax year, e                                   | xplair | in       |     |           |      |  |
|      | Schedule O.  |        |          |     |           |      |  |
| 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  |           | X    |  |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? |        | the      |     |           |      |  |
|      | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                | dits   |          | 3b  |           |      |  |

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

| COLON              |                                   |          | FOUNDATION                |  |                     | _                                |          |                                    |          | -                              | -1160933                     |           |
|--------------------|-----------------------------------|----------|---------------------------|--|---------------------|----------------------------------|----------|------------------------------------|----------|--------------------------------|------------------------------|-----------|
| Part I The organia | anization is not                  | a priva  | ate foundation be         | s (All organizations mu<br>cause it is: (For lines 1 th<br>association of churches | rough               | 11, che                          | ck only  | one bo                             | x.)      |                                | DDV                          |           |
| 2                  | A school desc                     | cribed   | in section 170(b)         | (1)(A)(ii). (Attach Schedul  | e E.)               |                                  |          |                                    |          |                                |                              |           |
| 3                  | A hospital or a                   | a coop   | perative hospital s       | service organization descr   | ibed in             | sectio                           | n 170(b  | )(1)(A)                            | (iii).   |                                |                              |           |
| 4                  | A medical re                      | search   | n organization op         | erated in conjunction wi   | th a h              | ospita                           | I descr  | ibed in                            | sectio   | n 170(b                        | o)(1)(A)(iii). Ei            | nter the  |
|                    | hospital's nam                    | -        |                           |  |                     |                                  |          |                                    |          |                                |                              |           |
| 5                  | An organization                   | on op    | erated for the be         | nefit of a college or univ   | ersity              | owned                            | or ope   | erated b                           | by a go  | vernme                         | ntal unit desc               | ribed in  |
|                    | section 170(b                     | )(1)(A   | <b>)(iv).</b> (Complete F | Part II.)  |                     |                                  |          |                                    |          |                                |                              |           |
| 6                  |                                   |          | -                         | or governmental unit des   |                     |                                  |          |                                    |          |                                |                              |           |
| 7 X                | _                                 |          |                           | es a substantial part of it  | s supp              | ort fro                          | m a go   | vernme                             | ental un | it or fro                      | om the genera                | ıl public |
|                    |                                   |          |                           | . (Complete Part II.)  |                     |                                  |          |                                    |          |                                |                              |           |
| 8                  | -                                 |          |                           | on 170(b)(1)(A)(vi). (Com  | -                   |                                  |          |                                    |          |                                |                              |           |
| 9                  | _                                 |          | -                         | es: (1) more than 331/3%   |                     |                                  |          |                                    |          |                                | -                            | _         |
|                    | •                                 |          |                           | s exempt functions - sub   |                     |                                  | -        |                                    |          |                                |                              |           |
|                    |                                   | -        |                           | ome and unrelated busi   |                     |                                  |          | -                                  |          | า 511                          | tax) from bus                | inesses   |
|                    |                                   | _        |                           | ne 30, 1975. See <b>section</b>  |                     |                                  | -        |                                    |          |                                |                              |           |
| 10                 | _                                 | _        | •                         | ited exclusively to test for   | -                   | -                                |          |                                    |          |                                |                              | 4 41      |
| 11                 | •                                 |          | •                         | rated exclusively for the<br>upported organizations de                             |                     |                                  |          |                                    |          |                                |                              |           |
|                    |                                   |          |                           | pes the type of supporting   |                     |                                  |          | . , .                              | ,        |                                | . , . ,                      | Section   |
|                    | a Type                            |          |                           | c Type III-Function  | _                   |                                  |          |                                    |          |                                | unctionally inte             | arated    |
| е                  |                                   |          |                           | the organization is not  |                     | _                                |          |                                    |          |                                |                              | _         |
| •                  |                                   |          | -                         | agers and other than one   |                     |                                  | -        |                                    | -        | -                              |                              | -         |
|                    | 509(a)(1) or s                    |          |                           | igoro and other than one   | 01 1110             | ro pac                           | mory ou  | pportot                            | a organ  |                                | 400011004 111                | 00011011  |
| f                  | `                                 |          | (                         | en determination from th   | e IRS               | that it                          | is a T   | vpe I. T                           | vpe II.  | or Type                        | e III supportin              | a         |
|                    | organization,                     |          | this hav                  |  |                     |                                  |          | -                                  | ) p =,   | , , ,                          |                              |           |
| g                  |                                   |          |                           | nization accepted any gift   |                     |                                  |          |                                    | the      |                                |                              | . —       |
| J                  | following pers                    |          |                           | , , , ,  |                     |                                  |          |                                    |          |                                |                              |           |
|                    | (i) A person                      | who      | directly or indire        | ectly controls, either alor  | ne or t             | ogethe                           | er with  | person                             | s desc   | ribed in                       | (ii)                         | res No    |
|                    | and (iii) b                       | elow,    | the governing boo         | dy of the supported organ  | ization             | ?                                |          |                                    |          |                                | 11g(i)                       |           |
|                    | (ii) A family r                   | memb     | er of a person de         | scribed in (i) above?  |                     |                                  |          |                                    |          |                                | 11g(ii)                      |           |
|                    | (iii) A 35% co                    | ontrolle | ed entity of a pers       | son described in (i) or (ii) a   | bove?               |                                  |          |                                    |          |                                | 11g(iii)                     |           |
| h                  | Provide the fo                    | llowin   | g information abo         | out the supported organization   | ation(s)            | ).                               |          |                                    |          |                                |                              |           |
| (i)                | Name of supported<br>organization | t        | (ii) EIN                  | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section      | organiz<br>col. (i) | ls the<br>zation in<br>listed in | the orga | ou notify<br>anization<br>. (i) of | organiz  | s the<br>cation in<br>rganized | (vii) Amount of r<br>support |           |
|                    |                                   |          |                           | (see instructions))  | docui               | overning<br>ment?                | your su  |                                    | in the   |                                |                              |           |
|                    |                                   |          |                           |  | Yes                 | No                               | Yes      | No                                 | Yes      | No                             |                              |           |
| (A)                |                                   |          |                           |  |                     |                                  |          |                                    |          |                                |                              |           |
| (B)                |                                   |          |                           |  |                     |                                  |          |                                    |          |                                |                              |           |
| (C)                |                                   |          |                           |  |                     |                                  |          |                                    |          |                                |                              |           |
| (D)                |                                   |          |                           |  |                     |                                  |          |                                    |          |                                |                              |           |
| (E)                |                                   |          |                           |  |                     |                                  |          |                                    |          |                                |                              |           |
|                    |                                   |          |                           |  |                     |                                  |          |                                    |          |                                |                              |           |
| Total              |                                   |          |                           |  |                     |                                  |          |                                    |          |                                | I                            |           |

Schedule A (Form 990 or 990-EZ) 2012 Page 2

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

| Sec  | tion A. Public Support  |                 |                   |                 |          |                 |            |
|------|---|-----------------|-------------------|-----------------|----------|-----------------|------------|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2008        | <b>(b)</b> 2009   | (c) 2010        | (d) 2011 | <b>(e)</b> 2012 | (f) Total  |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 17304,55        | pe                | 274.995.        | 277,112. | 303,499.        | 1,/90,925. |
|      | to or expended on its behalf  |                 |                   |                 |          |                 | 0          |
| 3    | The value of services or facilities furnished by a governmental unit to the organization without charge   |                 |                   |                 |          |                 | 0          |
| 4    | Total. Add lines 1 through 3  | 304,536.        | 230,753.          | 274,995.        | 277,142. | 303,499.        | 1,390,925. |
| 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)  |                 |                   |                 |          |                 | 668,790.   |
| 6    | Public support. Subtract line 5 from line 4. tion B. Total Support  |                 |                   |                 |          |                 | 722,135.   |
|      | ndar year (or fiscal year beginning in)   | (a) 2008        | <b>(b)</b> 2009   | (c) 2010        | (d) 2011 | <b>(e)</b> 2012 | (f) Total  |
| 7    | Amounts from line 4   | 304,536.        | 230,753.          | 274,995.        | 277,142. | 303,499.        | 1,390,925. |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 562.            | 4,661.            | 3,167.          | 2,134.   | 297.            | 10,821.    |
| 9    | Net income from unrelated business activities, whether or not the business is regularly carried on  |                 |                   |                 |          |                 | 0          |
| 10   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |                 |                   |                 |          |                 | 0          |
| 11   | Total support. Add lines 7 through 10   |                 |                   |                 |          |                 | 1,401,746. |
| 12   | Gross receipts from related activities, etc. (s   | ,               |                   |                 |          | 12              | 20,914.    |
| 13   | <b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>   |                 |                   |                 |          |                 |            |
| Sec  | tion C. Computation of Public Sup   |                 |                   |                 |          |                 |            |
| 14   | Public support percentage for 2012 (li  | ne 6, column (f | ) divided by line | 11, column (f)) |          | 14              | 51.52%     |
| 15   | Public support percentage from 2011   | •               |                   |                 |          | 15              | %          |
| 16a  | 331/3% support test - 2012. If the o  | •               |                   |                 |          |                 |            |
|      | this box and <b>stop here.</b> The organization   | •               |                   | •               |          |                 |            |
| b    | 331/3% support test - 2011. If the c  |                 |                   |                 |          |                 |            |
| 47-  | check this box and <b>stop here.</b> The organization of the control of |                 |                   |                 |          |                 |            |
| 17a  | <b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization  | _               |                   |                 |          |                 |            |
|      | Part IV how the organization meets t  |                 |                   |                 |          | •               | •          |
|      | organization  |                 |                   | •               |          |                 |            |
| b    | 10%-facts-and-circumstances test - 2  |                 |                   |                 |          |                 |            |
| -    | 15 is 10% or more, and if the orga  |                 |                   |                 |          |                 |            |
|      | Explain in Part IV how the organizati   |                 |                   |                 |          |                 | -          |
|      | supported organization  |                 |                   |                 | •        |                 | . , _      |
| 18   | Private foundation. If the organization   |                 |                   |                 |          |                 |            |
|      | instructions  |                 |                   |                 |          |                 | ▶ 🔲        |

Schedule A (Form 990 or 990-EZ) 2012 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  |                  |                   | , ,              | <u> </u>         | ,                |           |
|---------------|---|------------------|-------------------|------------------|------------------|------------------|-----------|
|               | ndar year (or fiscal year beginning in)   | (a) 2008         | <b>(b)</b> 2009   | (c) 2010         | (d) 2011         | <b>(e)</b> 2012  | (f) Total |
| 1             | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                              | Loo              | 10 0              | 4:0              |                  |                  |           |
| 2             | Gross receipts from admissions, merchandise sold or services performed, or facilities   | INS              | pe                | CUC              |                  | <b>JOK</b>       | ) y       |
|               | furnished in any activity that is related to the  |                  | -                 |                  |                  | •                |           |
|               | organization's tax-exempt purpose   |                  |                   |                  |                  |                  |           |
| 3             | Gross receipts from activities that are not an  |                  |                   |                  |                  |                  |           |
|               | unrelated trade or business under section 513   |                  |                   |                  |                  |                  |           |
| 4             | Tax revenues levied for the   |                  |                   |                  |                  |                  |           |
|               | organization's benefit and either paid  |                  |                   |                  |                  |                  |           |
|               | to or expended on its behalf  |                  |                   |                  |                  |                  |           |
| 5             | The value of services or facilities   |                  |                   |                  |                  |                  |           |
|               | 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   |                  |                   |                  |                  |                  |           |
| h             | received from disqualified persons Amounts included on lines 2 and 3  |                  |                   |                  |                  |                  |           |
|               | received from other than disqualified   |                  |                   |                  |                  |                  |           |
|               | persons that exceed the greater of \$5,000  |                  |                   |                  |                  |                  |           |
|               | or 1% of the amount on line 13 for the year   |                  |                   |                  |                  |                  |           |
|               | Add lines 7a and 7b   |                  |                   |                  |                  |                  |           |
| 8             |   |                  |                   |                  |                  |                  |           |
| Sac           | tion B. Total Support   |                  |                   |                  |                  |                  | <u> </u>  |
|               | ndar year (or fiscal year beginning in)   | (a) 2008         | <b>(b)</b> 2009   | (c) 2010         | (d) 2011         | (e) 2012         | (f) Total |
| 9             | Amounts from line 6   | (4) 2000         | (3) 2000          | (5) 25 . 5       | (4) 20           | (0) 20:2         | (1) 10101 |
|               | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. |                  |                   |                  |                  |                  |           |
| b             | Unrelated business taxable income (less   |                  |                   |                  |                  |                  |           |
|               | section 511 taxes) from businesses  |                  |                   |                  |                  |                  |           |
|               | acquired after June 30, 1975  |                  |                   |                  |                  |                  |           |
| С             | Add lines 10a and 10b   |                  |                   |                  |                  |                  |           |
| 11            | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |                  |                   |                  |                  |                  |           |
| 12            | Other income. Do not include gain or loss from the sale of capital assets   |                  |                   |                  |                  |                  |           |
| 13            | (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11,  |                  |                   | <u> </u>         |                  |                  |           |
| 13            | and 12.)  |                  |                   |                  |                  |                  |           |
| 14            | First five years. If the Form 990 is for  | the organization | n's first, second | third, fourth or | fifth tax vear a | as a section 501 | (c)(3)    |
|               | organization, check this box and <b>stop here</b>   | · ·              |                   |                  | •                |                  | ` ` `     |
| Sec           | tion C. Computation of Public Sur   |                  |                   |                  |                  |                  |           |
| 15            | Public support percentage for 2012 (line 8  |                  |                   | mn (f))          |                  | 15               | %         |
| 16            | Public support percentage from 2011 Scho  |                  |                   |                  |                  | 16               | %         |
| $\overline{}$ | tion D. Computation of Investmen  |                  |                   |                  |                  | 1                | ,,,       |
| 17            | Investment income percentage for 2012 (li   |                  |                   | 13, column (f))  |                  | 17               | %         |
| 18            | Investment income percentage from 2011  |                  |                   |                  |                  | 18               |           |
|               | 331/3% support tests - 2012. If the or  |                  |                   |                  |                  |                  |           |
|               | 17 is not more than 331/3%, check the   | -                |                   |                  |                  |                  |           |
| b             | 331/3% support tests - 2011. If the orga  |                  | _                 |                  |                  |                  |           |
| ~             | line 18 is not more than 331/3 %, check   |                  |                   |                  |                  |                  |           |
| 20            | Private foundation. If the organization   |                  | -                 |                  |                  |                  |           |

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Schedule A (Form 990 or 990-EZ) 2012

Part IV

**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 instructions).

# Public Inspection Copy

#### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

### Schedule of Contributors

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

OMB No. 1545-0047

2012

Internal Revenue Service **Employer identification number** Name of the organization COLONIAL FOX THEATRE FOUNDATION Organization type (check Filers of: Section: Χ Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not 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 Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization COLONIAL FOX THEATRE FOUNDATION

Employer identification number 33-1160933

| Part I     | Contributors (see instructions). Use duplicate copies of Par | t I if additional space is need | led.   |
|------------|--|---------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 1          | Public Inspec  | <b>ction</b> (<br>\$            | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c) Total contributions         | (d)<br>Type of contribution  |
| 2          |  | \$16,323.                       | Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c) Total contributions         | (d)<br>Type of contribution  |
| 3_         |  | \$50,000.                       | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 4          |  | \$25,000.                       | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 5_         |  | \$5,000.                        | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 6 _        |  | \$5,000.                        | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)   |

Name of organization COLONIAL FOX THEATRE FOUNDATION

Employer identification number 33-1160933

| Part I     | Contributors (see instructions). Use duplicate copies of Pari | t I if additional space is need | led.   |
|------------|---|---------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 7 -        | Public Inspec   | ction (                         | Person X<br>Payroll<br>Noncash   |
|            |   |                                 | (Complete Part II if there is a noncash contribution.)                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 8_         |   | \$11,247.                       | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c) Total contributions         | (d)<br>Type of contribution  |
| 9 _        |   | \$103,500.                      | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions      | (d)<br>Type of contribution  |
|            |   | \$                              | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions      | (d)<br>Type of contribution  |
|            |   | \$                              | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions      | (d)<br>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 Pa | art II if additional space is nee              | ded.                 |
|---------------------------|---|--|----------------------|
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |   | \$   |                      |

Name of organization COLONIAL FOX THEATRE FOUNDATION

Employer identification number

33-1160933

| Part III                  | Exclusively religious, charitable, etc.,  | , <b>individual contribu</b><br>ear. Complete colur     | ntions to section 5                           | 01(c)(7), (8), or (10) organizations ) and the following line entry. |
|---------------------------|---|---|---|--|
| [<br>(                    | For organizations completing Part III, econtributions of <b>\$1,000 or less</b> for the | enter the total of <i>excl</i> es year. (Enter this inf | <i>lusively</i> religious, cormation once. Se | haritable, etc.,<br>e instructions.) ►\$                             |
|                           | Use duplicate copies of Part III if addition  | onal space is neede                                     | d.  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | Sperior   |   | (d) Description of how gift is held                                  |
|                           |   | <del>-</del>  |   |  |
|                           |   | (e) Transf  | er of gift                                    |  |
|                           | Transferee's name, address, ar  | nd ZIP + 4  | Relation                                      | nship of transferor to transferee                                    |
|                           |   |   |   |  |
|                           |   |   |   |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use   | of gift                                       | (d) Description of how gift is held                                  |
| Parti                     |   |   |   |  |
|                           |   |   |   |  |
|                           |   | (e) Transf  | er of gift                                    |  |
|                           | Transferee's name, address, ar  | nd ZIP + 4  | Relation                                      | nship of transferor to transferee                                    |
|                           |   |   |   |  |
|                           |   |   |   |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use   | of gift                                       | (d) Description of how gift is held                                  |
|                           |   |   |   |  |
|                           |   | (e) Transf  | er of gift                                    |  |
|                           | Transferee's name, address, ar  |   |   | nship of transferor to transferee                                    |
|                           |   |   |   |  |
|                           |   |   |   |  |
| (a) No.<br>from           | (b) Purpose of gift   | (c) Use   | of gift                                       | (d) Description of how gift is held                                  |
| Part I                    |   |   |   |  |
|                           |   |   |   |  |
|                           |   | (e) Transf  | er of gift                                    |  |
|                           | Transferee's name, address, ar  |   |   | nship of transferor to transferee                                    |
|                           |   |   |   |  |
|                           |   |   |   |  |
|                           |   |   |   |  |

### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Name | e of the organization  | Employer identification number                            |
|------|--|---|
| COI  | ONIAL FOX THEATRE FOUNDATION   | 33-1160933  |
| Pa   | Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds   | r Accounts. Complete if the  (b) Funds and other accounts |
| 1    | Total number at end of year  | 1 3   |
| 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   | n 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 fun   |   |
|      | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any   |   |
|      | conferring impermissible private benefit?  |   |
| Pa   | Conservation Easements. Complete if the organization answered "Yes" to F   | form 990, Part IV, line 7.                                |
| 1    | Purpose(s) of conservation easements held by the organization (check all that apply).  |   |
|      | , , ,  | of an historically important land area                    |
|      |  | of a certified historic structure                         |
| •    | Preservation of open space   | the form of a companyation                                |
| 2    | Complete lines 2a through 2d if the organization held a qualified conservation contribution in easement on the last day of the tax year.   | n the form of a conservation                              |
|      | casement on the last day 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   |   |
| c    | Number of conservation easements on a certified historic structure included in (a)   |   |
| 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 terming   | nated by the organization during the                      |
|      | tax year   |   |
| 4    | Number of states where property subject to conservation easement is located ▶  |   |
| 5    | Does the organization have a written policy regarding the periodic monitoring, inspection, have  | andling of  |
|      | violations, and enforcement of the conservation easements it holds?  | Yes No  |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea   | sements during the year                                   |
|      | <b>&gt;</b>  |   |
| 7    | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme   | ents during the year                                      |
| _    | <b>\$</b>  |   |
| 8    | Does each conservation easement reported on line 2(d) above satisfy the requirements of s  |   |
| •    | (i) and section 170(h)(4)(B)(ii)?  |   |
| 9    | In Part XIII, describe how the organization reports conservation easements in its revenue an balance sheet, and include, if applicable, the text of the footnote to the organization's finance   | · · · · · · · · · · · · · · · · · · ·                     |
|      | organization's accounting for conservation easements.  | cial statements that describes the                        |
| Pa   | Organizations Maintaining Collections of Art, Historical Treasures, or Other   | er 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   | revenue statement and balance sheet                       |
|      | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that details | ucation, or research in furtherance of                    |
| b    | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its i   |   |
| D    | works of art, historical treasures, or other similar assets held for public exhibition, edu  |   |
|      | 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  |   |
|      | following amounts required to be reported under SFAS 116 (ASC 958) relating to these item  | ns:   |
| a    | Revenues included in Form 990, Part VIII, line 1   | • • • • • • • • • • • • • • • • • • •                     |
| b    | Assets included in Form 990, Part X  |   |

Schedule D (Form 990) 2012 Page **2** 

| Par    | t III Organizations Maintaining C   | ollections o    | f Art, His   | torical      | Treasu     | res,    | or Ot           | her Similar Ass                       | sets (con            | tinue  | ed)_      |
|--------|---|-----------------|--------------|--------------|------------|---------|-----------------|---------------------------------------|----------------------|--------|-----------|
|        |   |                 |              |              |            |         |                 |                                       |                      |        |           |
| 3      | Using the organization's acquisition, ac  | cession, and o  | other recor  | ds, check    | k any o    | f the   | follow          | ring that are a sig                   | nificant u           | se of  | fits      |
|        | collection items (check all that apply):  |                 |              | <b>-</b> .   |            |         |                 |                                       |                      |        |           |
| а      | Public exhibition   |                 | d            | =            | or excha   | ange    | progra          | ms                                    |                      |        |           |
| b      | Scholarly research  |                 | e            | _ Other      | g-m        |         |                 |                                       |                      |        |           |
| C      | Preservation for future generations Provide a description of the organization           |                 |              |              |            |         | <b>6</b>        |                                       |                      |        | Dt        |
| 4      |   | n's collections | and expla    | ain now t    | ney fur    | tner    | tne <b>o</b> rg | ganization's exem                     | pt purpose           | e in i | Part      |
| _      | XIII. A SI I SI I SI I SI I SI I SI I SI  |                 | la nationa o | fort biot    | oriool tru |         |                 | ather similar                         |                      | /      |           |
| 5      | During the year, did the organization soli assets to be sold to raise funds rather that |                 |              |              |            |         |                 |                                       | _ vaa                |        | No        |
| Par    | t IV Escrow and Custodial Arran   |                 |              |              |            |         |                 |                                       | Yes                  | Port   | No<br>I\/ |
| Гаі    | line 9, or reported an amount   |                 |              |              | yanızan    | 011 6   | ii iSWEi        | led res to For                        | 111 990, 1           | an     | ıv,       |
|        | inic 3, or reported air amount  | 0111 01111 000  | , i ait X, i | 1110 2 1.    |            |         |                 |                                       |                      |        |           |
| 1a     | Is the organization an agent, trustee, cus  | todian or othe  | r intermedi  | ary for co   | ontributio | ons o   | r other         | assets not                            |                      |        |           |
| ·u     | included on Form 990, Part X?   |                 |              |              |            |         |                 |                                       | Yes                  |        | No        |
| b      | If "Yes," explain the arrangement in Part   | XIII and compl  | ete the foll | owing tab    | ole:       |         |                 |                                       | 100                  |        |           |
|        |   |                 |              | g            | [          |         |                 | Amount                                |                      |        |           |
| С      | Beginning balance   |                 |              |              |            | 1c      |                 |                                       |                      |        |           |
| d      | Additions during the year   |                 |              |              |            | 1d      |                 |                                       |                      |        |           |
| е      | Distributions during the year   |                 |              |              |            | 1e      |                 |                                       |                      |        |           |
| f      | Ending balance  |                 |              |              |            | 1f      |                 |                                       |                      |        |           |
| 2a     | Did the organization include an amount of   | on Form 990,    | Part X, line | 21?          |            |         |                 |                                       | Yes                  |        | No        |
| b      | If "Yes," explain the arrangement in Part   |                 |              |              |            |         |                 |                                       |                      |        |           |
| Par    |   |                 | 1            |              |            |         |                 | · · · · · · · · · · · · · · · · · · · |                      |        |           |
|        |   | Current year    | (b) Prio     | or year      | (c) Two    | o years | s back          | (d) Three years back                  | (e) Four             | ears b | ack       |
| 1a     | Beginning of year balance   |                 |              |              |            |         |                 |                                       |                      |        |           |
| b      | Contributions   |                 |              |              |            |         |                 |                                       |                      |        |           |
| С      | Net investment earnings, gains,   |                 |              |              |            |         |                 |                                       |                      |        |           |
| اء     | and losses  |                 |              |              |            |         |                 |                                       |                      |        |           |
| a      | Other expenditures for facilities   |                 |              |              |            |         |                 |                                       |                      |        |           |
| е      | Other expenditures for facilities and programs  |                 |              |              |            |         |                 |                                       |                      |        |           |
| f      | Administrative expenses   |                 |              |              |            |         |                 |                                       |                      |        |           |
| g      | End of year balance   |                 |              |              |            |         |                 |                                       |                      |        |           |
| 2      | Provide the estimated percentage of the   | current year o  | nd halance   | /lino 1a     | column     | (2)) !  | hold ac         |                                       |                      |        |           |
| a      | Board designated or quasi-endowment   |                 |              | , (iiile 1g, | Column     | (a)) i  | ilciu as        | •                                     |                      |        |           |
| b      | Permanent endowment ▶   | ~<br>%          |              |              |            |         |                 |                                       |                      |        |           |
| С      | Temporarily restricted endowment ▶  | %               |              |              |            |         |                 |                                       |                      |        |           |
|        | The percentages in lines 2a, 2b, and 2c s   |                 | 00%.         |              |            |         |                 |                                       |                      |        |           |
| 3a     | Are there endowment funds not in the po   | -               |              | ation that   | are held   | d and   | l admir         | nistered for the                      |                      |        |           |
|        | organization by:  |                 |              |              |            |         |                 |                                       | Y                    | 'es    | No        |
|        | (i) unrelated organizations   |                 |              |              |            |         |                 |                                       | 3a(i)                |        |           |
|        | (ii) related organizations  |                 |              |              |            |         |                 |                                       | 3a(ii)               |        |           |
| b      | If "Yes" to 3a(ii), are the related organization  | ions listed as  | required on  | Schedule     | e R?       |         |                 |                                       | 3b                   |        |           |
| 4      | Describe in Part XIII the intended uses of  |                 |              |              |            |         |                 |                                       |                      |        |           |
| Par    | t VI Land, Buildings, and Equipme   | ent. See Forr   | n 990, Pa    | rt X, line   | 10.        |         |                 | T                                     |                      |        |           |
|        | Description of property   |                 | other basis  | (b) Cost o   |            | sis     |                 |                                       | <b>(d)</b> Book valu | ie     |           |
|        | Land  |                 | tment)       | (0           | ther)      | _       | aepr            | eciation                              |                      |        |           |
| 1a     | Land  |                 |              |              |            |         |                 |                                       |                      |        |           |
| b      | Buildings   |                 |              |              |            | -       |                 |                                       |                      |        |           |
| c<br>d | Equipment   |                 |              |              | 7,94       | 1 2     |                 | 4,020.                                |                      | 3,9    | 20        |
| u<br>a | Other   |                 |              | S            | 315,49     | _       |                 | 1,020.                                |                      | 5,4    |           |
| Tota   | I. Add lines 1a through 1e. (Column (d) m   | <del></del>     | n 990. Part  |              |            |         | (c).)           | <b>•</b>                              |                      | 9,4    |           |

Schedule D (Form 990) 2012 Page 3

| Part VII                | Investments - Other Securities. See F                                | orm 990, Part X, line     | 12.   | <u> </u>                 |
|-------------------------|--|---------------------------|---|--------------------------|
|                         | (a) Description of security or category (including name of security) | (b) Book value            | (c) Method of valuat<br>Cost or end-of-year mark        |                          |
| (1) Financia            | al derivatives   |                           |   |                          |
| (2) Closely             | -held equity interests   |                           |   |                          |
| (3) Other               |  |                           |   |                          |
| (A)                     | Dublia la  | 1000                      | tion Cc   | <b>101</b> /             |
| (B)                     |  |                           | $H(\cdot)H(\cdot)$                                      | $\mathcal{H}\mathcal{W}$ |
| (C) <b>I</b>            |  |                           |   | <u> </u>                 |
| <u>(D)</u>              |  | _                         |   |                          |
| <u>(E)</u>              |  |                           |   |                          |
| ('-)'<br>(G)            |  |                           |   |                          |
| <del>\</del> \_/<br>(H) |  |                           |   |                          |
| `<br>(I)                |  |                           |   |                          |
|                         | n (b) must equal Form 990, Part X, col. (B) line 12.)                |                           |   |                          |
| Part VIII               | Investments - Program Related. See F                                 | orm 990, Part X, line     | e 13.   |                          |
|                         | (a) Description of investment type                                   | (b) Book value            | <b>(c)</b> Method of valuat<br>Cost or end-of-year mark |                          |
| (1)                     |  |                           |   |                          |
| (2)                     |  |                           |   |                          |
| (3)                     |  |                           |   |                          |
| (4)                     |  |                           |   |                          |
| (5)<br>(6)              |  |                           |   |                          |
| (7)                     |  |                           |   |                          |
| (8)                     |  |                           |   |                          |
| (9)                     |  |                           |   |                          |
| (10)                    |  |                           |   |                          |
| Total. (Colum           | n (b) must equal Form 990, Part X, col. (B) line 13.)                |                           |   |                          |
| Part IX                 | Other Assets. See Form 990, Part X, I                                | ine 15.                   |   |                          |
|                         | (a)  | Description               |   | (b) Book value           |
| (1)                     |  |                           |   |                          |
| (2)                     |  |                           |   |                          |
| (3)                     |  |                           |   |                          |
| (4)<br>(5)              |  |                           |   |                          |
| (6)                     |  |                           |   |                          |
| (7)                     |  |                           |   |                          |
| (8)                     |  |                           |   |                          |
| (9)                     |  |                           |   |                          |
| (10)                    |  |                           |   |                          |
| Total. (Cold            | umn (b) must equal Form 990, Part X, col. (B)                        | line 15.)                 |   |                          |
| Part X                  | Other Liabilities. See Form 990, Part >                              |                           |   |                          |
| 1.                      | (a) Description of liability   | (b) Book value            |   |                          |
|                         | al income taxes  |                           |   |                          |
| (2)                     |  |                           |   |                          |
| (3)                     |  |                           |   |                          |
| (4)<br>(5)              |  |                           |   |                          |
| (6)                     |  |                           |   |                          |
| (7)                     |  |                           |   |                          |
| (8)                     |  |                           |   |                          |
| (9)                     |  |                           |   |                          |
| (10)                    |  |                           |   |                          |
| (11)                    |  |                           |   |                          |
|                         | nn (b) must equal Form 990, Part X, col. (B) line 25.)               |                           |   |                          |
| 2 FINI 48 (/            | ASC 740) Footnote In Part XIII provide the text                      | of the footnote to the or | ganization's financial statements that re               | norte the organization's |

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

Schedule D (Form 990) 2012 Page **4** 

| Part   | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return                                 | n       | <u> </u>       |
|--------|---|---------|----------------|
| 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 2a  |         |                |
| b      | Donated services and use of facilities 2b   |         |                |
| С      | Recoveries of prior year grants 2c  |         |                |
| d      | Other (Describe in Part XIII.)  |         |                |
| е      | Add lines 2a through 2d   | 2e      | nv.            |
| 3      | Subtract line 2e from line 1  | 3       | UV             |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |         | 1 1            |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b  |         |                |
| b      | Other (Describe in Part XIII.)  |         |                |
| С      | Add lines 4a and 4b   | 4c      |                |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                                       | 5       |                |
| Part   |   |         |                |
| 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:   | •       |                |
| a      | Donated services and use of facilities 2a   |         |                |
| b      | Discourse of Section 14   |         |                |
| C      | Other lesses  |         |                |
| d      | Other (Describe in Port VIII.)  |         |                |
| e      | Add lines 2a through 2d   | 2e      |                |
| 3      | O bland For Or from For A   | 3       |                |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:  | 3       |                |
| a      | Investment expenses not included on Form 990, Part VIII, line 7b  |         |                |
| b      |   |         |                |
| C      | Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b>   | 40      |                |
| 5      | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                                      | 4c<br>5 |                |
| Part   |   | 3       |                |
|        | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | / line  | s 1h and 2h·   |
| Part V | line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro       | vide a  | any additional |
| inform | ation.  |         |                |
|        |   |         |                |
|        |   |         |                |
|        |   |         |                |
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|        |   |         |                |
|        |   |         |                |

Schedule D (Form 990) 2012

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Part XIII Supplemental Information (continued)

# Public Inspection Copy

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 of 990

COLONIAL FOX THEATRE FOUNDATION

Employer identification number 33-1160933

# Public Inspection Copy

MEMBERSHIP

PART VI, SECTION A, QUESTIONS 6, 7A & 7B

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 FORM 990

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

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

33-1160933

WITH A CONFLICT OR POTENTIAL CONFLICT OF INTEREST WOULD ABSTAIN FROM

VOTING ON ANY ISSUE RELATED TO THAT CONFLICT CLOSE CONFLICT CONFLICT

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.

2012

COLONIAL FOX THEATRE FOUNDATION

**Description of Property** 

DEPRECIATION

33-1160933

depreciátion Current-year

Current-year 179 expense

ACRS CRS class

Life

ŎΜ MQ

255. 200DB 200DB

224. 117.

depreciation 282.

Basis Reduction

179 exp. reduction in basis

Bus. %

Unadjusted Cost or basis

Date placed in service

Asset description

PY 5 YR PROPERTY PY 7 YR PROPERTY

100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000

282.

11/01/2008 11/01/2008

136.

105,243. 140,420.

Basis for

131.

136.

Beginning Ending Accumulated Medepreciation depreciation thod Conv.

192. 404 244.

5.000 5.000 3.000 3.000

SL SL SL SL

583.

424.

795.

140,420.

105,243.

608. 1,455.

416. 1,051.

961.

961.

11/12/2009

05/15/2009

2009 BUILDING ADDS

COMPUTER SERVER

BUILDING

795.

1,455.

800.

556.

800.

42,640.

100.000 100.000

42,640. 339,990. 89,200. 560.

2010 BUILDING ADDS 2011 BUILDING ADDS NATIONAL BANK BUIL

800.

1,455.

11/13/2009 11/30/2009

SOFTWARE SOFTWARE 100.000 100.000 100.000 100.000 100.000

339,990.

89,200

67.

3.000

SI

67.

112

5.000

SL

121.

ο.

560.

161.

97,837. 1,200.

1,200.

11/08/2012

2012 BUILDING ADDS DATA STORAGE RENEW

2012 NATIONAL BNK TOSHIBA COMPUTER

161. 97,837.

12/14/2011 11/26/2012

VAR

1,223.

4,020.

2,797.

821,680.

821,680.

Subtotals

Listed Property

Less: Retired Assets

V 12-7F 3:49:41 PM 10/30/2013 48112X K921

|  |                              |                     |  |          |             |  |      |      | 7 |                           |
|--|------------------------------|---------------------|--|----------|-------------|--|------|------|---|---------------------------|
| Less: Retired Assets                   |                              |                     |  |          |             |  |      |      |   |                           |
| Subtotals                              |                              |                     |  |          |             |  |      |      |   |                           |
| TOTALS                                 |                              | 821,680.            |  | 821,680. | 680. 2,797. | 7. 4,020.  |      |      |   | 1,223.                    |
| AMORTIZATION                           |                              |                     |  |          |             |  |      |      |   |                           |
| Asset description                      | Date<br>placed in<br>service | Cost<br>or<br>basis |  |          | Accumula    | Accumulated Accumulated amortization amortization Code | Code | Life | C | Current-year amortization |
| -                                      |                              |                     |  |          |             |  |      |      |   |                           |
|  |                              |                     |  |          |             |  |      |      | p |                           |
|  |                              |                     |  |          |             |  |      |      | ) |                           |
|  |                              |                     |  |          |             |  |      |      | } |                           |
|  |                              |                     |  |          |             |  |      |      | / |                           |
| TOTALS                                 |                              |                     |  |          |             |  |      |      |   |                           |
| *Assets Retired<br>JSA<br>2X9024 1.000 |                              |                     |  |          |             |  |      |      |   |                           |