				Return of C)rganizati	on Ex	empt F	From In	ncor	ne Tax		OMB No. 15	45-0047			
Forn	9	90	Unde	r section 501(c), 527	7, or 4947(a)(1) o	f the Inte	rnal Revenu	ie Code (ex	cept p	orivate founda	tions)	20	13			
	-	of the Treasury		Do not enter S	Social Security n	umbers o	on this form a	as it may be	made	public.	-	Open to I	Public			
		nue Service		Information a	bout Form 990 a	nd its ins	structions is a	at www.irs.g	gov/fo	ov/form990. Inspection						
AF	or th	e 201 <u>3</u> ca	lendar year	, or tax year begir	nning		, 2013, a	nd ending				, 20				
D		CN	ame of organiza	ation						D Employer id	entificat	tion number				
	neck if ap		COLONIAL	FOX THEATRE I	FOUNDATION											
	Addre chang	e De D	oing Business A		<u> </u>					33-1160			/			
	Name Initi al		umber and stre 20 BOX 33	et (or P.O. box if mail is	not delivered to stree	at address)	CLR	oom/suite		E Telephone n (620) 23		22				
	Termi	nated C	ity or town, stat	e or province, country, a	and ZIP or foreign po	stal code										
	Amen return			, KS 66762						G Gross receip	ts \$	346	,746.			
	Applic pendi	ng F N	ame and addre	ss of principal officer:	CYNTHIA :	HARVEY	7		- I	H(a) Is this a group subordinates		for Yes	X No			
		1	017 S OL	IVE PITTSBURG	G, KS 66762	2				H(b) Are all subord		ided? Yes	No			
<u> </u>	Tax-ex	empt status:	X 501(c)	(3) 501(c) () ┥ (insert no	D.) 4	1947(a)(1) or	527		If "No," attac	ch a list. (see instructions)				
J	Websi	te: 🕨 WWV	V.COLONIA	LFOX.ORG					1	H(c) Group exem	ption num	nber 🕨				
Κ	Form o	of organizatio	n: X Corpor	ration Trust	Association C	Other 🕨		L Year of fe	ormatic	on: 2006 M	State of	legal domicile:	KS			
Pa	art I	Summa														
Governance		TO BE	AN ENDUR	anization's mission o ING_DYNAMIC_O MIC_VITALITY if the organization d	CULTURAL CE FOR PITTSB	NTER I	ENRICHIN ND SURRO	G THE Q UNDING	UALI COMM	TY OF UNITIES.	·	FOX THEA 				
ŝ	3	Number of	voting memb	ers of the governing	body (Part VI, line	e 1a)					3		11.			
Activities &				voting members of t							4		11.			
itie	5	Total num	ber of individu	als employed in cale	ndar year 2013 (F	Part V, line	e 2a)				5		4.			
cti	6	Total num	ber of voluntee	ers (estimate if necess	sary)						6		200.			
Ă	7a	Total unre	lated business	s revenue from Part V							7a		0			
	b	Net unrela	ted business	taxable income from	Form 990-T, line 3	34		<u></u>			7b		0			
										Prior Year		Current Y	ear			
e	8	Contributio	ons and grants	(Part VIII, line 1h)		[0001/1			303,49	9.	330),112.			
Revenue	9	Program s	ervice revenue	e (Part VIII, line 2g)			COPY F			9,92	20.	16	5,459.			
Sev	10	Investmen	t income (Par	t VIII, column (A), line	es 3, 4, and 7d)	L	PUBLIC INSP	PECTION		34	12.		67.			
Ľ.	11	Other reve	enue (Part VIII	I, column (A), lines 5,	6d, 8c, 9c, 10c, a	nd 11e)		L			0		108.			
	12	Total reve	nue - add line:	s 8 through 11 (must	equal Part VIII, co	olumn (A)	line 12) 💶			313,76	51.	346	5,746.			
	13	Grants and	d similar amou	unts paid (Part IX, colu	umn (A), lines 1-3))					0		0			
				embers (Part IX, colu							0		0			
S			s, other compensation, employee benefits (Part IX, column (A), lines 5-10)							81,03		55	5,140.			
Expenses	16a	Profession	al fundraising	fees (Part IX, column	ı (A), line 11e)					1,19	92.		423.			
ďx	b	Total fund	raising expens	ses (Part IX, column (I	D), line 25) 🕨		567.									
-	17	Other expe	enses (Part IX	, column (A), lines 11	a-11d, 11f-24e)					65,58	37.	6	7,402.			
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)							147,81	.6.	122	2,965.			
	19	Revenue l	ess expenses.	. Subtract line 18 from	1 line 12					165,94	15.	223	3,781.			
Net Assets or Fund Balances								1	Beginn	ing of Current	/ear	End of Yea	ar			
set	20	Total asset	ts (Part X, line	16)						1,015,22	24.	1,248	3,902.			
t As Md B	21	Total liabil	ities (Part X, lii	ne 26)						59	90.		L,463.			
		Net assets	or fund balar	nces. Subtract line 21	from line 20					1,014,63	34.	1,247	7,439.			
Ра			ure Block													
Unc	ler per	alties of per	jury, I declare to	hat I have examined thin n of preparer (other than	is return, including	accompan	ying schedules	s and stateme	ents, an	d to the best of	f my kn	owledge and b	elief, it is			
	, 00110															
Sig Her			ature of officer							Date						
			or print name a													
Paid		Print/ Type	preparer's name	3	Preparer's signatur	re		Date		Check	if PT					
Paid Preparer						<u><u> </u></u>	PV			self-employ		00422601				
-	Only	Firm's nam				00						160260				
	-			BOX 1824 JOPL								624-1065				
				ith the preparer show		tructions)						X Yes	No			
For	Paper	work Red	uction Act No	tice, see the separat	e instructions.							Form 99	D (2013)			
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= 1065 2.000			
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COLONIAL	FOX	THEATRE	FOUNDATION

For	990 (2013) P	Page 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	O ACQUIRE, MAINTAIN AND OPERATE THE HISTORICAL COLONIAL-FOX THEATRE	
	BUILDING IN PITTSBURG, KS IN ORDER TO BE TO BE AN ENDURING DYNAMIC	
	ULTURAL CENTER ENRICHING THE QUALITY OF LIFE AND ECONOMIC VITALITY OF PITTSBURG AND SURROUNDING COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the Description	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	No
4	"Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure	-
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported.	thers
4a	Code: 711110) (Expenses \$	
	O ACQUIRE, MAINTAIN AND OPERATE THE HISTORIC COLONIAL FOX THEATRE	
	UILDING IN PITTSBURG, KS IN ORDER TO BE AN ENDURING DYNAMIC	
	ULTURAL CENTER ENRICHING THE QUALITY OF LIFE AND ECONOMIC	
	ITALITY FOR PITTSBURG AND SURROUNDING COMMUNITIES. TO PROMOTE,	
	ONDUCT, AND CARRY ON CHARITABLE, CULTURAL, RECREATIONAL, AND	
	DUCATIONAL PROGRAMS FOR THE CITIZENS OF PITTSBURG, KS, AND THE	
	URROUNDING COMMUNITIES. ALSO TO PROMOTE THE HISTORY AND HERITAGE	
	OF THE COMMUNITY AND ITS LANDMARKS.	
<u>4</u> h	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
70		
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)	
44	Other program services (Describe in Schedule O.)	
-τu	Expenses \$ including grants of \$) (Revenue \$)	

Form 9	990 (2013)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C. Part I	3		Х
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	V	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
-	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
4.0	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	10		Х
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-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		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
_	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.01-		v
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u></u>
a	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form **990** (2013)

	COLONIAL FOR THEATRE FOUNDATION 535-1100	2222		
	0 (2013)			Page 4
Part	V Checklist of Required Schedules (continued)		N	N -
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		x
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		A
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	22		x
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Λ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4-		
	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		A
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?	256		x
20	If "Yes," complete Schedule L, Part I. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any	25b		Λ
26				
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so complete Schedule L Part II	26		x
27	disqualified persons? If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		21
21	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,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013)

Form 990 (2013)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			- 9
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
2a	reportable gaming (gambling) winnings to prize winners?	1c	X	
h	Statements, filed for the calendar year ending with or within the year covered by this return _ 2a _ 4 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	Λ	
30	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
τu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for 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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	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		Х
	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	7.0		v
	required to file Form 8282?	7c		X
		70		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?	7e 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?	79 7h		
8	Sponsoring organization metaloging 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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
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 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.0	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans [13b]			
с	Enter the amount of reserves on hand .			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form 9	90 (2013) COLONIAL FOX THEATRE FOUNDATION 33-116	0933		Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		y	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-	Х	
-	one or more members of the governing body?	7a	Λ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х	
0	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	э.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
~	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		х
a b	Other officers or key employees of the organization	15a		X
U	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			
	with a taxable entity during the year?	16a		Х
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
_	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of to organization: WHEELER & MITCHELSON, CHTD. 4TH & BROADWAY PITTSBURG, KS 66762 620-231-4650	he		
JSA	Organization.	Form	990	(2013)

33-1160933

Part VII	Independent Contractors	and
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more rson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)DR_GINA_PINAMONTI	2.00									
PRESIDENT		Х		Х				0	0	0
_(2)BRENT CASTAGNO DIRECTOR	1.00	x						0	0	0
(3)STELLA HASTINGS	2.00									
SECRETARY	+	x		Х				0	0	0
(4)DR JOEL RHODES	1.00									
DIRECTOR		X						0	0	0
(5) RAY RYAN	1.00	-								
DIRECTOR		X						0	0	0
_(6)GREG_SHAW VICE PRESIDENT	2.00	x		Х				0	0	0
DR_TALAAT_YAGHMOUR DIRECTOR	1.00	x						C	0	0
(8)CYNTHIA HARVEY	3.00	v		37				0	0	
TREASURER	1 00	X		Χ				0	0	0
_(9)TIM_MCNALLY DIRECTOR	1.00	X						0	0	0
(10)JEANNETTE MINNIS DIRECTOR - JOINED JAN 2013	1.00	x						0	0	0
(11)VONNIE CORSINI	60.00	21							0	0
EXECUTIVE DIRECTOR				Х				9,375.	0	0
(12)										
(13)										
(14)										
								1	1	L

JSA

Form 990 (2013)												Page 8
Part VII Section A. Officers, Directors, Tr (A) Name and title	rs, Directors, Trustees, Key Employees, and Highest Compensated Employee (B) (C) (D) (E) Average Position Reportable Reportable hours per (do not check more than one from related week (list any officer and a director/trustee) the organizations						om	(F) Estimate amount other compense	of			
Public I	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	organization (W-2/1099-MISC)	(W-2/1099-MIS(p	from th organiza and rela organizat	tion ted
		_										
		-										
		-										
		-										
		-										
		-										
		-										
1b Sub-total								9,375.		0		0
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	-	• • •	•••			•••		0 9,375.		0		0
 2 Total number of individuals (including but not reportable compensation from the organization 	limited to t		liste				re		\$100,000 of			0
											Yes	s No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched											3	X
4 For any individual listed on line 1a, is the organization and related organizations g	sum of rep	oortab \$15			pens	sation "Vos	ar	nd other compens	sation from the			
individual			••								4	X
5 Did any person listed on line 1a receive of for services rendered to the organization? <i>If</i> "											5	x
Section B. Independent Contractors												
1 Complete this table for your five highest cor compensation from the organization. Report year.											tax	
(A) Name and business ac	dress							(B) Description of se	rvices	Com	(C) pensatior	
2. Total number of independent contractions (14	. 11	o it c	1 +-	the		atad abaya'	roppined			
2 Total number of independent contractors (more than \$100,000 in compensation from t				meo		0	e II	sieu abovej who				

Form	990 (2	2013) COLONIAL F	OX THEATRE 1	FOUNDATION		33-11609	33 Page 9
Pa	't VII						
		Check if Schedule O contains a respo	onse or note to an	ny line in this Part	VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	139,407.	ecti	on (Cop	у
ue			Business Code				
Program Service Revenue	2a b c	PROGRAM SERVICE REVENUE	711110	16,459.	16,459.		
gram Se	d e f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		16,459.			
<u> </u>	3 4 5 6a b c d 7a b	Investment income (including dividends, interesting amounts). Income from investment of tax-exempt bond Royalties	rest, and	67. 0 0			67.
/enue	c d 8a	and sales expenses Gain or (loss)		0			
Other Revenue	c 9a b	of contributions reported on line 1c). See Part IV, line 18	· · · · · · · · · · · · •	0			
	с 10а	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances	108.	0			
	b c	Less: cost of goods sold	Business Code	108.	108.		
	11a						
	b c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	Þ	346,746.	16,567.		67.

	Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	isne	ction	r Co	nv
3	Grants and other assistance to governments, organizations, and individuals outside the				РJ
	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	9,375.	8,969.	395.	11
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	37,668.	36,038.	1,585.	45
	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	3,006.	2,875.	127.	4
10	Payroll taxes	5,091.	4,871.	214.	6
11	Fees for services (non-employees):				
а	Management	0			
	Legal	0			
с	Accounting	2,650.		2,650.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	423.			423
	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	10,141.	9,702.	427.	12
12	Advertising and promotion	9,779.	9,355.	412.	12
13	Office expenses	17,432.	16,677.	734.	21
14	Information technology	3,602.	3,446.	152.	4
15	Royalties	0			
16	Occupancy	17,019.	16,282.	717.	20
17	Travel	232.	222.	10.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	495.	473.	21.	1
23	Insurance	4,699.	4,495.	198.	6
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	1,353.	1,294.	57.	2
d					
6	All other expenses				
	Total functional expenses. Add lines 1 through 24e	122,965.	114,699.	7,699.	567
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0			

Form 990 (2013)

Page	1	1
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Part X	Palance Shoot			
	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	ort Y		
	Check in Schedule O contains a response of hote to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	13,903.	1	9,475.
2_	Savings and temporary cash investments	175,902.	2	153,367.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	0	. 4	
5	Loans and other receivables from current and former officers, directors,			V V V
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ø	organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets 8 2	Notes and loans receivable, net	0	7	
8 AS	Inventories for sale or use	0	8	
9	Prepaid expenses and deferred charges	0	9	
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 1,090,478.			
b	Less: accumulated depreciation	819,419.		1,086,030
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	0	12	
13	Investments - program-related. See Part IV, line 11	0	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	6,000.	15	30
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,015,224.	16	1,248,902
17	Accounts payable and accrued expenses	590. 0	17	1,463
18	Grants payable		18	
19 20	Deferred revenue	0	19 20	
-	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0	20	
21 22 22	Loans and other payables to current and former officers, directors,	0	21	
	trustees, key employees, highest compensated employees, and			
LIa	disqualified persons. Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	
24	Unsecured notes and loans payable to unrelated third parties	0	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0	25	
26	Total liabilities. Add lines 17 through 25	590.	26	1,463
	Organizations that follow SFAS 117 (ASC 958), check here and			
ses	complete lines 27 through 29, and lines 33 and 34.			
ug 27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
Net Assets or Fund Balances 6 2 2 6 8 2 2 7 1 0 0 6 2 8 2 2 7 2 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
si 30	Capital stock or trust principal, or current funds	0	30	
8 8 31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds	1,014,634.	32	1,247,439
- ³²	Total not apparts or fund halanges	1,014,634.	33	1,247,439
52 ST		<u> </u>		= / = = : / = = :
a 33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	1,015,224.	34	1,248,902

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COLONIAL	FOX	THEATRE	FOUNDATION

Form 99	90 (2013)				Pag	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				746.
2	Total expenses (must equal Part IX, column (A), line 25)	2				965.
3	Revenue less expenses. Subtract line 2 from line 1	3				781.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,01	14,6	534.
5	Net unrealized gains (losses) on investments	-5				0
6	Donated services and use of facilities	-6			9,0)24.
7		7		$ \rightarrow$	<u> </u>	0
8	Prior period adjustments	8	-			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	40		1 2/	א דו	139.
Part	33, column (B))	10		1,27	r/, -	
i art	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	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	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent accourt	itant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth				
	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 und	0		.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	lits.		3b		

Form **990** (2013)

SCHE	DU	LE	Α
(Form	990	or	990-EZ)

Public Charity Status and Public Support

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

	ent of the Treasury Revenue Service	►Info	rmation about Sch	Attach to Form 990 edule A (Form 990 or 990-B				is at w	vw.irs.go	ov/form9		Open to P Inspecti	
Name of	f the organization								Emplo	yer iden	tificatio	on numbe	er
COLON	IAL FOX THE	ATRE	FOUNDATION			_				33.	-1160)933	
Part I The org 1 2 3 4 5	Anization is not A church, con A school deso A hospital or A medical re hospital's nam	a priva ivention cribed i a coop search ne, city	ate foundation be on of churches, or in section 170(b) perative hospital s organization op , and state:	s (All organizations mu cause it is: (For lines 1 th association of churches (1)(A)(ii). (Attach Schedul ervice organization descr erated in conjunction wi hefit of a college or univ	rough describ le E.) ibed in ith a h	11, che ed in s sectio lospita	eck only ection n 170(k I descr	one bo 170(b)(b)(1)(A) ibed in	x.) (1)(A)(i) (iii). sectio	n 170(k)(1)(A		
6 7 X 8 9	 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its 												
10 11 f g	support from acquired by th An organization An organization S09(a)(3). Ch a	gross ne orga on orga ion orga ion orga one or neck the lithis boo undatio 9(a)(2). zation i check the 17, 20 sons? n who co v, the g membe	investment incom anization after Jun anized and opera ganized and opera more publicly su box that describ b Type II x, I certify that the on managers and received a writte this box 006, has the organ directly or indirec governing body of er of a person des	ome and unrelated busi the 30, 1975. See section ted exclusively to test for rated exclusively for the apported organizations de es the type of supporting c Type III-Function e organization is not con other than one or more in determination from the nization accepted any gift tly controls, either alone the supported organization scribed in (i) above?	ness ti 509(a public benef escribe organ nally in trolled publicl e IRS t or con or toge	axable)(2). (C safety. fit of, d in so ization tegrate directl y supp that it ntributi	incom Complet See se to perf ection 5 and co ed y or inc orted o is a T on from with per	e (less te Part I ction 5 orm th 509(a)(' mplete d directly rganiza ype I, 1 n any of	section II.) 09(a)(4 e funct 1) or se lines 1 Type II by one tions d Type II, the escribe	n 511). ions of ection 5 1e throu I-Non-fu or mor lescribe or Typ 	tax) fi , or to 09(a)(ugh 11 unction e disq ed in se e III s and	rom bus co carry 2). See h. ally inte ualified ection 5 upportir 	out the section grated persons 09(a)(1)
	(iii) A 35% co	ontrolle	ed entity of a pers	on described in (i) or (ii) a	bove?							11g(iii)	
(i)	Provide the for Name of supported organization		g information abo (ii) EIN	ut the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organi: col. (i) your go	Is the zation in listed in overning ment? No	the organic the organic the organic the organic the organic tension of tension	you notify anization) of your port? No	organiz col. (i) o	Is the zation in organized U.S.? No	(vii) A	mount of support	
(A)													
(B)													
(C)													
(D)													
(E)													
Total													

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

JSA

OMB No. 1545-0047

2013

33-1160933

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.)

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 1, column (f),	Sec	tion A. Public Support						
minipagination the services Control Description Control Contro <t< th=""><th>Caler</th><td>ndar year (or fiscal year beginning in)</td><td>(a) 2009</td><td>(b) 2010</td><td>(c) 2011</td><td>(d) 2012</td><td>(e) 2013</td><td>(f) Total</td></t<>	Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
or ganizations' benefit and either paid to or expended on its behall		membership fees received. (Do not include any 'unusual grants.")	Ins		277.142.	303,499.	330,112.	1,416,501.
formished by a governmental unit to the organization without charge	2	organization's benefit and either paid		•			-	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 769.315. 6 Public support. Subtract line 5 from line 4. 547.126. 5 Calendar year (of fical year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 230.753. 274.995. 277.122. 303.499. 330.312 1.436.501. 8 Gross income from interest, dividends, payments fleelined on securities losens, sources. 3.167. 2.136. 297. 67. 10.328. 9 Net income from unrelated business activities, whether or not the business sources. 1.426.827. 1.426.827. 1.426.827. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 1.426.827. 1.426.827. 1.426.827. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 1.426.827. 14 Public support percentage for 2012 Schedule A, Part II, line 14. 1.53.317.9% or more, check this box and stop here. 1.426.35.9%. 15 Public support test - 2013. If	3	furnished by a governmental unit to the						0
each person (other than a governmental	4	Total. Add lines 1 through 3	230,753.	274,995.	277,142.	303,499.	330,112.	1,416,501.
6 Public support. Subtract line 5 from line 4. 647,186. Section B. Total Support 7 Amounts from line 4 230,753. 274,995. 277,142. 303,499. 330,112. 1,416,501. 8 Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources. 4,661. 3,167. 2,134. 297. 67. 30,326. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 0 10. 1.426,827. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . 12. 37,481. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 0 9 Net income tage for 2013 (line 6, column (f) divided by line 11, column (f)) 14. 45.36.9%. 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14. 45.36.9%. 15 Dublic Support Percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14. 45.36.9%. 16 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33//3% or more, check this box and stop h	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						700 215
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4	6							
Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 230,753. 274,995. 277,142. 303,499. 330,112. 1,416,501. 8 Gross income from interest, dividends, reits, royatiles and income from similar sources. 4,661. 3,167. 2,134. 297. 67. 10,326. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . .	Sec							647,186.
7 Amounts from line 4 230,753. 274,995. 277,142. 303,499. 330,112. 1,416,501. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalies and income from similar 4,661. 3,167. 2,134. 297. 67. 10,326. 9 Net income from unrelated business is regularly carried on . 4,661. 3,167. 2,134. 297. 67. 10,326. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1.426,827. 12 37.481. 12 Gross receipts from related activities, etc. (see instructions) 12 37.491. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 45.36.%. 14 Public Support percentage from 2012 Schedule A, Part II, line 14. 15 15.152.%. 16a 3310/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 12 31/3% or more, check this box and stop here. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meats the "facts-and-circumstances" test, check this box			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(a) 2013	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. 4,661. 3,167. 2,134. 297. 67. 10,326. 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). 11 1,426,827. 11 Total support. Add lines 7 through 10 12 37.481. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 0 2 Gross receipts from related activities, etc. (see instructions). 12 37.481. 14 4.5.36 %. 5 51.52 %. 15 Public support percentage from 2012 Schedule A, Part II, line 14. 15 51.52 %. 16a 31/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 12 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, r16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-c		, , , , , , , ,						.,
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12 Gross receipts from related activities, etc. (see instructions) 12 37,481. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Image: section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 45.36%. 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 51.52% 16a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: second s	10	loss from the sale of capital assets						0
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 b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		C C			•	•		
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 supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		-						-
	18	supported organization						
		instructions						<u>▶∟</u>

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Part IIISupport 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.)

<u>Sec</u>	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e	2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1:-				
2	Gross receipts from admissions, merchandise sold or services performed, or tacilities	INS	pe	CTIC			op)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							
4	organization's benefit and either paid							
	с							
F	to or expended on its behalf The value of services or facilities							
5								
	furnished by a governmental unit to the							
~	organization without charge							
6	Total. Add lines 1 through 5							
<i>i</i> a	Amounts included on lines 1, 2, and 3							
b	received from disqualified persons Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
<u> </u>	line 6.)							
	tion B. Total Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(0)	2013	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(0) 2011	(d) 2012	(e	2013	(1) 10tai
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.							
h	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is regularly							
40	carried on							
12	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
10	and 12.)							
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tay year a	<pre></pre>	action 501	(c)(3)
14	organization, check this box and stop here	-						
Sec	tion C. Computation of Public Sur					<u> </u>		
15	Public support percentage for 2013 (line 8			mn (f))		15		%
16	Public support percentage from 2012 Scho					16		%
	tion D. Computation of Investme							,,,
17	Investment income percentage for 2013 (li			13 column (f))		17		%
18	Investment income percentage for 2012 (Investment income percentage from 2012)					18		%
	331/3% support tests - 2013. If the or						331/3%	
150	17 is not more than 331/3%, check th							
h	331/3% support tests - 2012. If the orga							
5	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization		•	o 1	. ,	• •	0	
JSA				,, 100				990 or 990-EZ) 2013
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Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Public Inspection Copy

Schedule B (Form 990, 990-EZ,	Schedule of Contributors									
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.									
Name of the organization	Employer identification number									
—D	COLONIAL FOX THEATRE FOUNDATION									
Organization type (ch										
Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization									
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									

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

General Rule

X 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 more during the year

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

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

Page 2 Employer identification number 33-1160933

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
¹	Public Inspec	s 131,907.	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2 _		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4 _		\$7,276.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5 _		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
6 _		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

JSA

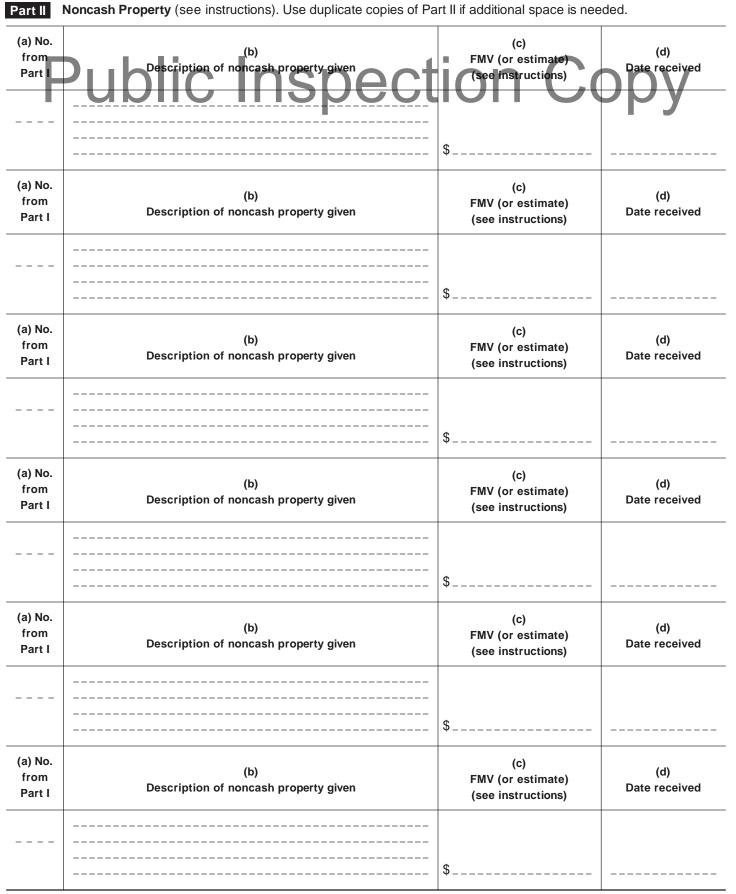
Employer identification number 33-1160933

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
7 _	Public Inspec	s5,000.	Person X Payroff Noncash						
			(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
8 _		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

33-1160933



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JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

				33-1160933						
Part III	<i>Exclusively</i> religious, charitable, etc. that total more than \$1,000 for the y	, individual contrib ear. Complete colu	utions to section 5 mns (a) through (e	601(c)(7), (8), or (10) organizations and the following line entry.						
	For organizations completing Part III, e contributions of \$1,000 or less for the	e year. (Enter this in	formation once. Se	charitable, etc., ee instructions.) ► \$						
Use duplicate copies of Part III if additional space is needed.										
(a) No. from Part I	(b) Purpose of gift		of gift	(d) Description of how gift is held						
		opo		· oopy						
		(e) Transf	er of gift							
	Transferee's name, address, an	id ZIP + 4	Relation	nship of transferor to transferee						
(a) No.										
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		(e) Transf								
	Transferee's name, address, an	id ZIP + 4	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		(e) Transf	er of gift							
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		(e) Transf	er of gift							
	Transferee's name, address, an	d ZIP + 4	Relation	ship of transferor to transferee						

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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(Fo	IEDULE D rm 990) rtment of the Treasury nal Revenue Service	Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs	12b.	OMB No. 1545-0047 2013 Open to Public Inspection
	of the organization		Employer identificati	
		ATRE FOUNDATION	33-116093	3
Pai	Complete i	ons Maintaining Donor Advised Funds or Other Similar Funds or A f the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and c	other accounts
1		nd of year		
2		utions to (during year)		
3 4		from (during year)		
4 5		on inform all donors and donor advisors in writing that the assets held in a	donor advised	
•	•	nization's property, subject to the organization's exclusive legal control?		Yes No
6	-	on inform all grantees, donors, and donor advisors in writing that grant fund		
	•	purposes and not for the benefit of the donor or donor advisor, or for any		
		issible private benefit?		Yes No
Pai 1		on Easements. Complete if the organization answered "Yes" to Forr servation easements held by the organization (check all that apply).	m 990, Part IV, Iin	ie 7.
			f an historically imp	ortant land area
			f a certified historic	
	Preservation	of open space		
2		through 2d if the organization held a qualified conservation contribution in ast day of the tax year.	the form of a cons	ervation
			Held at the E	End of the Tax Year
а		onservation easements	2a	
b	-	tricted by conservation easements	2b	
c d		vation easements on a certified historic structure included in (a)	2c	
u		isted in the National Register	2d	
3		vation easements modified, transferred, released, extinguished, or termina		tion during the
			, ,	0
4		where property subject to conservation easement is located		
5	•	tion have a written policy regarding the periodic monitoring, inspection, har	•	
•		orcement of the conservation easements it holds?		
6		r hours devoted to monitoring, inspecting, and enforcing conservation ease	ements during the y	ear
7	Amount of expense	es incurred in monitoring, inspecting, and enforcing conservation easemen	ots during the year	
'	►\$		to during the year	
8			ction 170(h)(4)(B)	
	(i) and section 170)(h)(4)(B)(ii)?		Yes No
9	In Part XIII, descri	be how the organization reports conservation easements in its revenue and	expense statement	
		d include, if applicable, the text of the footnote to the organization's financia ounting for conservation easements.	al statements that d	lescribes the
Par		tions Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets	
T GI		if the organization answered "Yes" to Form 990, Part IV, line 8.	ommu Assets.	
1a	If the organization works of art, hist	n elected, as permitted under SFAS 116 (ASC 958), not to report in its roorical treasures, or other similar assets held for public exhibition, educ vide, in Part XIII, the text of the footnote to its financial statements that described as the set of the footnote to its financial statements that described as the set of the footnote to its financial statements that described as the set of the footnote to its financial statements that described as the set of the footnote to its financial statements that described as the set of the footnote to its financial statements that described as the set of the footnote to its financial statements that described as the set of the footnote to its financial statements that described as the set of the footnote to its financial statements that described as the set of the set of the footnote to its financial statements that described as the set of the footnote to its financial statements that described as the set of the set	evenue statement cation, or research	and balance sheet in furtherance of
b	If the organizatio works of art, hist	n elected, as permitted under SFAS 116 (ASC 958), to report in its re orical treasures, or other similar assets held for public exhibition, educ vide the following amounts relating to these items:	evenue statement	and balance sheet
		uded in Form 990, Part VIII, line 1	▶\$_	
	(ii) Assets include	d in Form 990, Part X	🕨 \$ _	
2		n received or held works of art, historical treasures, or other similar a		gain, provide the
_		s required to be reported under SFAS 116 (ASC 958) relating to these items		
a b		d in Form 990, Part VIII, line 1		
For F		Act Notice, see the Instructions for Form 990.		dule D (Form 990) 2013
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Sche	dule D (Form 990) 2013										P	age 2
Pa	t III Organizations Maintaini	ng Colle	ections of	FArt, Hist	orical T	reasure	es, or Ot	her Simila	ar Asse	ts (con	tinue	ed)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):											
		iy).			7							
a L	Public exhibition Scholarly research			d	Other	or exchai	nge progra	ams				
b		rationa		е	JOther	r- m						
4	 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 											
5	During the year, did the organization assets to be sold to raise funds rath									Yes		No
Pa	rt IV Escrow and Custodial Ar				ne organi	ization a	answered	l "Yes" to F	Form 99	0, Part I	V, lir	ne 9,
	or reported an amount or	n Form §	990, Part X	X, line 21.								
1a	Is the organization an agent, truste											1
	included on Form 990, Part X?				• • • • •				. L	Yes		No
b	If "Yes," explain the arrangement in	Part XIII	and comp	lete the foll	owing tab	le:		Δ				
-	Designing holonoo					-	4	A	mount			
لم لم	Beginning balance						1c					
u	Distributions during the year						1d 1e					
f	Ending balance						16 1f					
	Did the organization include an am									Yes		No
	If "Yes," explain the arrangement in						n provided	in Part XIII	L			
	t V Endowment Funds. Com											
1 ai			rrent year	(b) Prio			years back	(d) Three y		(e) Four	vears	back
1a	Beginning of year balance	(1)			,	(-)	,			(1)	,	
b	Contributions											
с	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cur	rent year e	end balance	e (line 1g,	column	(a)) held as	s:				
а	Board designated or quasi-endown	nent 🕨		%								
	Permanent endowment	%										
С	Temporarily restricted endowment	-	%									
	The percentages in lines 2a, 2b, ar											
3a	Are there endowment funds not in	the poss	ession of t	he organiza	ation that	are held	and admi	nistered for	the	Г		
	organization by:										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
	If "Yes" to 3a(ii), are the related org			-			• • • • •			3b		
4	Describe in Part XIII the intended u		-									
Pai	t VI Land, Buildings, and Equ Complete if the organiza	ition ans	wered "Ye	es" to Forn	n 990. Pa	art IV. lii	ne 11a. S	ee Form 9	90. Par	t X. line	10.	
	Description of property		(a) Cost or	r other basis	(b) Cost o	r other bas	is (c) Ac	cumulated		d) Book val		
10	Land		(inves	stment)	(01	ther)	dep	reciation				
1a b	Buildings											
	Leasehold improvements											
d	Equipment					6,74	8	4,448.			2 2	00.
	Other				1 0	83,730		1,110.		1,08		
	I. Add lines 1a through 1e. (Column		t equal For	n 990 Part						1,08		
1010		· (· / · / · / · · · · · · · · · · · ·			.,	· (2), iii ie				±,00		

Schedule D (Form 990) 2013

			t IV, line 11b. See Form 990, Part X,	line 12.
(a) Description of including na	f security or category ame of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial derivatives				
Closely-held equity inter				
Other				
(A)		SOACI		
		OPCOL		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	m 990, Part X, col. (B) line 12.) 🕨	•		
	- Program Related.			
		ered "Yes" to Form 990, Par	t IV, line 11c. See Form 990, Part X,	line 13.
(a) Description	on of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
)				
2)				
3)				
k)				
5)				
<u>;)</u>				
<u>()</u>				
3)				
9)				
)) I. (Column (b) must equal Form	m 990, Part X, col. (B) line 13.) ▶			
e) I. (Column (b) must equal Form Int IX Other Assets	S.			line 15
e) I. (Column (b) must equal Form Int IX Other Assets	S.	red "Yes" to Form 990, Pa	t IV, line 11d. See Form 990, Part X,	
i) I. (Column (b) must equal Form Int IX Other Assets Complete if t	S.			line 15. ^{300k value}
a) I. (Column (b) must equal Form Int IX Other Assets Complete if t)	S.	red "Yes" to Form 990, Pa		
a) I. (Column (b) must equal Form Int IX Other Assets Complete if the 2)	S.	red "Yes" to Form 990, Pa		
a) I. (Column (b) must equal Form Int IX Other Assets Complete if f 2) 3)	S.	red "Yes" to Form 990, Pa		
a) I. (Column (b) must equal Form Int IX Other Assets Complete if 1) 2) 3) 4)	S.	red "Yes" to Form 990, Pa		
a) I. (Column (b) must equal Form IT IX Other Assets Complete if 1) 2) 3) 4) 5)	S.	red "Yes" to Form 990, Pa		
a) I. (Column (b) must equal Form Irt IX Other Assets Complete if the Complete if the	S.	red "Yes" to Form 990, Pa		
a) I. (Column (b) must equal Form IT IX Other Assets Complete if f)) 2) 3) 4) 5) 5) 7)	S.	red "Yes" to Form 990, Pa		
a) I. (Column (b) must equal Form Int IX Other Assets Complete if f) 2) 3) 4) 5) 7) 3)	S.	red "Yes" to Form 990, Pa		
a) I. (Column (b) must equal Form Int IX Other Assets Complete if f 2) 3) 4) 5) 5) 7) 8) 9)	s. the organization answe	ered "Yes" to Form 990, Par (a) Description	(b) E	
al. (Column (b) must equal Form (Complete if the complete is the complete if the complete is the complete if the complete is	s. the organization answe	red "Yes" to Form 990, Pa	(b) E	
al. (Column (b) must equal Form Complete if the complete is the complete if the complete is t	s. the organization answe ual Form 990, Part X, col. (ties.	(a) Description (B) line 15.)	(b) E	Book value
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COLONIAL	FOX	THEATRE	FOUNDATION
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Schedul	e D (Form 990) 2013		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	٦.	
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		
C	Recoveries of prior year grants		\mathbf{D}
d e	Other (Describe in Part XIII.)	2e	μy
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c F	Add lines 4a and 4b	4c	
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Returned	5	
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	.rn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.)		
е 3	Add lines 2a through 2d Subtract line 2e from line 1	2e	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Part			
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	rt V, li nation	ine 4; Part X, line

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Public Inspection Copy

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 13 **Open to Public** Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

COLONIAL FOX THEATRE FOUNDATION

33-1160933

θCι PART VI, SECTION A, QUESTIONS 6, 7A & 7 ACTIVE MEMBERS WILL BE DESIGNATED EACH YEAR BY THE BOARD OF TRUSTEES AS

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

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

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 FINAL VERSION OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER BEFORE THE FORM IS FILED WITH THE TRS. FURTHER, THE FORM 990 IS REVIEWED BY THE BOARD MEMBERS PRIOR TO FILING THE FORM WITH THE IRS. THE PRESIDENT OF THE ORGANIZATION PRESIDES AND THE TREASURER LEADS THE REVIEW.

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

WITH A CONFLICT OR POTENTIAL CONFLICT OF INTEREST WOULD ABSTAIN FROM

VOTING ON ANY LOSUE RELATED TO THAT CONFLICT. CONFLICT. CONFUSION CODY

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.