Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2021 calendar y	ear, or tax year begin	ning		, 202 1, a	ınd endi	ng		, 20		
В	Check if a	applicable:	C Name of organizationCO	LONIAL FOX T	HEATRE FOUNDAT	'ION			D Emplo	oyer identification number		
	Address o	change	Doing business as							33-1160933		
	Name cha	ange	Number and street (or P.	O. box if mail is not delive	red to street address)		Room/sui	te	E Teleph	hone number		
	Initial retu	ırn	PO BOX 33							(620)235-0622		
	Final retu	rn/terminated	City or town, state or prov	vince, country, and ZIP or	foreign postal code				G Gross	s receipts		
	Amended	return	PITTSBURG, KS	66762					\$	294,764		
	Applicatio	n pending	F Name and address of prin	ncipal officer:				H(a) Is this a	group return f	for subordinates? Yes X No		
								H(b) Are all	subordinate	es included? Yes No		
I	Tax-exem	npt status: X 501	(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527		If "No,"	attach a lis	st. See instructions		
J	Website:	► WWW.C	OLONIALFOX.ORG					H(c) Group	exemption i	number		
		rganization: X Corp	poration Trust Ass	ociation Other ►	1	L Year of formati	on: 200	6 м:	State of leg	gal domicile: KS		
Pa	rt I	Summary										
	1	Briefly describe t	the organization's missi	on or most significa	nt activities: REST	ORE THE	HISTO	RIC COL	ONIAL	FOX THEATRE TO		
ø		BE AN ENDUF	RING DYNAMIC CU	LTURAL CENTE	R ENRICHING TH	E QUALIT	Y OF	LIFE AN	D ECOI	NOMIC VITALITY FO		
ü		PITTSBURG A	AND SURROUNDING	COMMUNITIES								
er ng												
Governance	2		► ☐ if the organization		•				1 1			
	3		g members of the gove							10		
Activities &	4		pendent voting members						_	10		
Ϊ	5		individuals employed in	Ţ.	,				_	2		
ĄĊ	6		volunteers (estimate if rousiness revenue from	• • • • • • • • • • • • • • • • • • • •) line 12					200		
			usiness revenue nom							0		
	- 5	Net unrelated be	ISITIESS TAXABLE ITTEOTHE	1101111 01111 990-1,1	arti, iiile i i			Prior Year		Current Year		
	8	Contributions and	d grants (Part VIII, line	1h)					5,972	280,206		
ø	9		e revenue (Part VIII, line	*				33.	430	0		
eun	10	-	me (Part VIII, column (A						88	172		
Revenue	11		Part VIII, column (A), lin							14,386		
_	12	,	add lines 8 through 11 (•			536	5,490	294,764		
	13		ar amounts paid (Part I		` ' '				,	0		
	14		or for members (Part I)	, ,	•					0		
	15	Salaries, other co	ompensation, employee		92		115,408					
Expenses	16a	Professional fun	draising fees (Part IX, o	column (A), line 11e)			(5,000	0		
ĕ	b	Total fundraising	expenses (Part IX, col	umn (D), line 25)	>	75,351						
ă	17	Other expenses	(Part IX, column (A), lin	nes 11a-11d, 11f-24	e)			138	3,642	143,278		
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colur	nn (A), line 25)			237	7,310	258,686		
	19	Revenue less ex	penses. Subtract line	18 from line 12				299	9,180	36,078		
5	Ses							nning of Curr	ent Year	End of Year		
sets	E 20	•	rt X, line 16)					2,808	3,763	2,827,684		
Net Assets or	21	Total liabilities (F							2,556	1,574		
_	rt II		nd balances. Subtract	line 21 from line 20			•	2,806	5,207	2,826,110		
		Signature I	that I have examined this retui	rn including accompanyir	ng schedules and statements	s and to the best	of my know	vledge and be	lief it is			
			tion of preparer (other than offi									
		VONNTE	CORSINI									
Sig	ın	Signature of c							Dat	te		
He		VONNIE	CORSINI, EXECU	TIVE DIRECTO	R							
		B	name and title									
		Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN		
Pai	d	William B	Miller CPA	 William B Mi	ller CPA	02-10-20	22		ployed	P01252504		
	parer			ller CPA LLC				irm's EIN ▶				
	e Only			Main Street				hone no.				
_			Webb Cit	y MO 64870					417-6	674-1213		
May	the IRS	S discuss this retu	ım with the preparer sh	own above? See in	structions					X Yes No		

174,938

Total program service expenses ▶

Part IV

33-1160933

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 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 х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e х 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 $\mathbf{x}_{_}$ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a **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 Х 13 13 х 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 x 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 x

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	rt IV Checklist of Required Schedules (continued)	509	33		age 4
Га	Checklist of Required Schedules (continued)			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Ī		100	110
	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	Ī			
	organization's current and former officers, directors, trustees, key employees, and highest compensated				İ
	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				İ
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
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				İ
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				İ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• •	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				İ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				İ
	If "Yes," complete Schedule L, Part I	• •	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				İ
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	• •	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				İ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				İ
	persons? If "Yes," complete Schedule L, Part III	• •	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		20-		
L	"Yes," complete Schedule L, Part IV	t t	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	• •	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	t	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	• •	23		
00	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</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	İ			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	Ī			
	or IV, and Part V, line 1		34		х
35a	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				İ
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				İ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				İ
	19? Note: All Form 990 filers are required to complete Schedule O.		38	Х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	• •	<u></u>		
4 ~	Enter the number reported in Day 2 of Form 4000 Fater 0 if and applicable	ا م		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	v	
	rependence garning (garnoling) withings to prize withinto:	• •		X	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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	7-		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q </i>	14b		Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
.5	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Pa	art 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 instruction	าร.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are 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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	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 on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
		10a 10b	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
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	Yes	х
b 11a	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	Yes	х
11a 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		х
b 11a b 12a	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 12a	x	х
b 11a b 12a 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 12a	x	х
b 11a b 12a 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 12a 12b	x x	х
b 11a b 12a b c	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 12a 12b	x x	х
b 11a b 12a c 13	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 12a 12b 12c 13	x x x	х
b 11a b 12a b c	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 12a 12b 12c 13	x x x	х
b 11a b 12a b c	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 12a 12b 12c 13	x x x	х
b 11a b 12a c 13 14	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 12a 12b 12c 13 14	x x x	X
b 11a b 12a c 13 14 15	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 12a 12b 12c 13 14	x x x	x
b 11a b 12a c 13 14 15	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 12a 12b 12c 13 14	x x x	x
b 11a b 12a c 13 14 15	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 12a 12b 12c 13 14	x x x	x
b 11a b 12a c 13 14 15	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 12a 12b 12c 13 14	x x x	x
b 11a b 12a c 13 14 15 a 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 12a 12b 12c 13 14	x x x	x x x x
b 11a b 12a c 13 14 15 a 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 12a 12b 12c 13 14	x x x	x
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	x x x	x
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	x x x	x
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	x x x	x
b 11a b 12a c 13 14 15 a b 16a 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 12a 12b 12c 13 14 15a 15b	x x x	x x x x
b 11a b 12a c 13 14 15 a b 16a 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 12a 12b 12c 13 14 15a 15b	x x x	x x x x

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)								

19 and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

VONNIE CORSINI (620)235-0622, PO BOX 33, PITTSBURG, KS 66762

orm	990	(2021)

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	-1				

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . .

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B) Position					(D)	(E)	(F)		
Name and title	Average					nan one		Reportable	Reportable	Estimated amount
ivalile and tide	hours					both an (trustee)	1	compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	or	Ins	q	Ke	en H	Fo	organization (W-2/ 1099-MISC/	organizations W-2/ 1099-MISC/	from the organization and
	hours for related	direc	stituti	Officer	y em	ghes	Former	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee t cor				
	below	uste	trus		/ee	nper				
	dotted line)	Ф	tee			Highest compensated employee				
						۵				
(1) DEATREA ROSE										
TRUSTEE		х						0	0	0
(2) ABBY FERN										
TRUSTEE		х						0	0	0
(3) CALVIN JONES										
TRUSTEE		х						0	0	0
(4) LASHAWN TAYLOR										
TRUSTEE		x						0	0	0
(5) SARAH RUNYON										
TRUSTEE		x						0	0	0
(6) LESLIE LACKAMP										
PAST PRESIDENT		x						0	0	0
(7) TONY SANCHEZ										
TREASURER		x		х				0	0	0
(8) LYNN MURRAY										
VICE PRESIDENT		x		х				0	0	0
(9) VONNIE CORSINI	45.00									
EXECUTIVE DIRECTOR		х		х				0	0	0
(10)VANCE LEWIS										
SECRETARY		х		х				0	0	0
(11)STEPHANIE WATTS										
PRESIDENT		х		х				0	0	0
<u>(12)</u>										
(13)										
(14)										
										= ()

Form **990** (2021)

						(C)							
	(A) Name and title	(B) Average hours per week (list any hours for	box	unles er and	eck n ss pe d a di	rson i rector	han one s both ar r/trustee)	١	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related organizations (W 1099-MISC/	/-2/ or	(F) imated a of othe compensa from the	er ation e n and
			Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	1099-NEC)	1099-NEC)	rela	ted orgar	iizations
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
(21)													
(22)_													
(23)													
(24)													
(25)													
1b c d	Subtotal	ion A .						. •	0		0		0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those I							ore than \$100,000	of	1		(
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i> .		-				-		•		3	Yes	No
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater the	eportable coi an \$150,000	mpensa)? <i>If</i> "Y	ation 'es,"	and	l oth	er con	npen	sation from the				
5	individual	compensation	on from	any	unr		_				5		x
Section 1	on B. Independent Contractors Complete this table for your five highest compensa	ted independ	dent co	ntra	ctor	tho	t recei	ved	more than \$100 00	10 of			
	compensation from the organization. Report comp										ear.		
	(A) Name and business addres	s							(B) Description of service	es	(C Compe	nsation	
	Total number of independent contractors (includin	a but not lim	itad ta	thoo	o lie	اد مه	-1						

Form 990 (2021) COLONIAL F
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns	1a					sections 512–514
	b	Membership dues	1b					
nts nts	C	Fundraising events	1c					
Gra	d	Related organizations	1d					
ifts, r An	e	Government grants (contributions)	1e	46,355				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,		30,000				
ign		and similar amounts not included above	1f	233,851				
ibut	g	Noncash contributions included in						
ontr od O		lines 1a-1f	1g	\$ 2,466				
S E	h	Total. Add lines 1a-1f		▶	280,206			
				Business Code				
ø.	2a							
Program Service Revenue	b							
Ser	С							
am	d							
ogs R	е							
Ţ	1							
		Total. Add lines 2a-2f						
	3	Investment income (including dividends, inte						
		other similar amounts)			172	172		
	4	Income from investment of tax-exempt bond						
	5	Royalties						
	6a			(ii) Personal				
		Less: rental expenses 6b						
	1	Rental income or (loss) 6c						
		Net rental income or (loss)		_				
		` ′		(ii) Other				
	/a	Gross amount from (i) Securiti	(ii) Other					
		other than inventory 7a						
	ь	Less: cost or other basis						
Ō		and sales expenses 7b						
enne	С	Gain or (loss) 7c						
>	1	Net gain or (loss)						
Other Re	8a	Gross income from fundraising						
₽		events (not including \$						
		of contributions reported on line	-					
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising even	s	▶				
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	1	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities		▶				
	10a	Gross sales of inventory, less						
	_	returns and allowances						
	1	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventor	y					
				Business Code				
ous e		MISCELLANEOUS INCOME		711110	14,386	14,386		
Miscellanous Revenue	b							
Seve Seve	C	All other revenue						
Ξ		All other revenue			14 300			
		Total. Add lines 11a-11d			14,386	14 558	0	0

Form 990 (2021) COLONIAL FOX THEATRE FOUNDATION 33-1160933 Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 68,954 72,000 3,032 14 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 30,734 29,434 1,294 6 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 4,164 3,988 175 1 10 8,510 8,150 358 2 11 Fees for services (nonemployees): Legal...... b 3,427 2,190 96 1,141 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 128 123 5 13 15,194 14,551 639 4 14 4,145 3,969 175 1 15 16 32,607 31,227 7 1,373 17 1,033 1,033 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 226 226 23 Insurance 373 8,859 8,484 2 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) LICENCES AND TAX 40 38 2 b GRANT FEES 100 96 4 766 CAMPAIGN EXPENSE 74,939 74,173 С d e All other expenses 2,580 2,475 105 Total functional expenses. Add lines 1 through 24e. . 25 258,686 174,938 8,397 75,351 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

following SOP 98-2 (ASC 958-720)

▶ ∐ if

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any	line in	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			65,089	1	27,933
	2	Savings and temporary cash investments			298,480	2	344,269
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		F		4	
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co	ntributo	or, or 35%			
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified pers	defined				
		under section 4958(f)(1)), and persons described in sect			6		
	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use		F		8	
Assets	9	Prepaid expenses and deferred charges				9	
_	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,469,828			
	b	Less: accumulated depreciation			2,445,194	10c	2,454,383
	11	Investments - publicly traded securities		-	_,	11	1,099
	12	Investments - other securities. See Part IV, line 11 .		<u> </u>		12	
	13	Investments - program-related. See Part IV, line 11.		F		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3		F	2,808,763	16	2,827,684
	17	Accounts payable and accrued expenses			2,556	17	1,574
	18	Grants payable	2,330	18	1,3/1		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		<u> </u>		20	
	21	Escrow or custodial account liability. Complete Part IV o		F		21	
	22	Loans and other payables to any current or former office				<u> </u>	
Liabilities		trustee, key employee, creator or founder, substantial con					
iig		controlled entity or family member of any of these person				22	
Ë	23	Secured mortgages and notes payable to unrelated thir		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third p		F		24	
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,556	26	1,574
		Organizations that follow FASB ASC 958, check here		x	2/330		1,3,1
		and complete lines 27, 28, 32, and 33.		<u> </u>			
Ses	27	• • • • • •			2,806,207	27	2,722,105
<u>a</u> n	28				2,000,207	28	104,005
Ba		Organizations that do not follow FASB ASC 958, che					1017003
ဋ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29					29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment				30	
sse	31	Retained earnings, endowment, accumulated income, or		-		31	
ξĂ	32	Total net assets or fund balances			2,806,207	32	2,826,110
8	33	Total liabilities and net assets/fund balances			2,808,763	33	2,827,684
	55	rotar nabilitios and not assets/fully balances	<u> </u>		2,000,103	55	4,04/,004

Form **990** (2021) EEA

		3-116093	3	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		294	,764
2	Total expenses (must equal Part IX, column (A), line 25)	2		258	,686
3	Revenue less expenses. Subtract line 2 from line 1	3		36,	,078
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	806,	,207
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(16,	<u>,175)</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	826,	,110
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
				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," explain on				
	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 compiled 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 audited on a				
	separate basis, consolidated basis, or both:				
	X 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 oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2021)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** COLONIAL FOX THEATRE FOUNDATION 33-1160933 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

Total

Part II (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.) Section A Public Support

	on A. Public Support			ı			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	373,039	93,757	153,214	835,972	280,206	1,736,188
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	373,039	93,757	153,214	835,972	280,206	1,736,188
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)						492,910
6	Public support. Subtract line 5 from line 4.						1,243,278
	on B. Total Support						(0
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	373,039	93,757	153,214	835,972	280,206	1,736,188
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	88		655		172	915
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					14,386	14,386
11	Total support. Add lines 7 through 10					10	1,751,489
12	Gross receipts from related activities, etc.					12	\(\(\alpha\)
13	First 5 years. If the Form 990 is for the or	•			•	•	, , ,
<u> </u>	organization, check this box and stop her						▶ □
	on C. Computation of Public Suppor			4 1: (6)		44	
14	Public support percentage for 2021 (line 6		•			14	70.98 %
15	Public support percentage from 2020 Scho					1/20/ 27 77 272	77.88 %
16a	33 1/3% support test - 2021. If the organ						
L	box and stop here. The organization qual						
b	33 1/3% support test - 2020. If the organ this box and stop here. The organization						
170	10%-facts-and-circumstances test - 202			•			_
17a	10% or more, and if the organization meet	_					
	Part VI how the organization meets the fac			-	= = = = = = = = = = = = = = = = = = = =		
h	organization						
b	10%-facts-and-circumstances test - 202	_					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the			-		· ·	
10	organization						_
18							
	instructions						· · · · • <u> </u>

Schedule A (Form 990) 2021 EEA

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name o	the organization		Emp	loyer identification number
COLO	NIAL FOX THEATRE FOUNDATION			33-1160933
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other S	Similar Funds or Accoun	nts.
	Complete if the organization answered "Yes" of			
			r advised funds	(b) Funds and other accounts
1	Total number at end of year	, ,		· ·
2	Aggregate value of contributions to (during year)			
3	Aggregate value of 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 asse	ts held in donor advised	
3	funds are the organization's property, subject to the organization	-		
6	Did the organization inform all grantees, donors, and donor a	-		
U	only for charitable purposes and not for the benefit of the doi	_	_	
				□ Vac □ Na
Dor	conferring impermissible private benefit?			Yes No
Par		Farra 000 Dant	IV / Iim a 7	
	Complete if the organization answered "Yes" of			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreation	on or education)		ically important land area
	Protection of natural habitat		Preservation of a certifi	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation co	ntribution in the form of a cons	servation
	easement 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			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and n	ot on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished	d, or terminated by the organi	zation during the
	tax year ►			
4	Number of states where property subject to conservation ea	sement is located	>	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, ins	spection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	· · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations	s, and enforcing conservation	easements during the year
	•		•	- ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservation eas	ements during the year
	▶ \$,	•	3 ,
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the require	ements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	,	() () (Yes No
9	In Part XIII, describe how the organization reports conservation			-
-	balance sheet, and include, if applicable, the text of the footn		·	
	organization's accounting for conservation easements.	0. gaa		333
Par	t III Organizations Maintaining Collections	of Art. Historic	al Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" of			. J
1a	If the organization elected, as permitted under FASB ASC 9			ance sheet works
·u	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			ce of public
h	•			shoot works of
b	If the organization elected, as permitted under FASB ASC 9	•		
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in furtherance	or public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on 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 tre			provide the
	following amounts required to be reported under FASB ASC	•		_
а	Revenue included on Form 990, Part VIII, line 1			> \$
h	Assets included in Form 990 Part X			▶ €

Par	t III Organizations Maintaining (Collections of Art, Hi	storical Treasures	, or Other Similar	Assets (continued)	
3	Using the organization's acquisition, accessic	on, and other records, check	any of the following that	make significant use of it	ts	
	collection items (check all that apply):					
а	☐ Public exhibition	d	Loan or exchange p	orograms		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain how th	ey further the organization	n's exempt purpose in P	art	
	XIII.	·	,			
5	During the year, did the organization solicit or	receive donations of art, his	storical treasures, or othe	r similar		
	assets to be sold to raise funds rather than to				Yes No	
Par	t IV Escrow and Custodial Arrar					
	Complete if the organization a		rm 990. Part IV. line	e 9, or reported an a	amount on Form	
	990, Part X, line 21.		, , ,			
1a	Is the organization an agent, trustee, custodia	n or other intermediary for c	ontributions or other asse	ets not		
	included on Form 990, Part X?				🗆 Yes 🗆 No	
b	If "Yes," explain the arrangement in Part XIII					
	ii 100, Oxpain the arrangement ii 1 art xiii	and complete the following t	adoro.		Amount	
С	Beginning balance				THOUNT	
d	Additions during the year					
e	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on Fo				Yes No	
b	If "Yes," explain the arrangement in Part XIII.			-		
Par		Check here if the explanation	orritas been provided on	rait Aiii	· · · · · · · L	
ı aı	Complete if the organization a	enswered "Ves" on Fo	rm 000 Part IV line	\ 10		
	Complete if the organization a		Prior year (c) Two year		(a) Faur years hash	
10	Beginning of year balance	(a) Current year (b)	riioi yeai (C) Two yeai	s back (d) Three years ba	ack (e) Four years back	
1a	Contributions				-	
b						
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 curre	, , ,	g, column (a)) held as:			
а	Board designated or quasi-endowment	▶ %				
b	Permanent endowment	%				
С	Term endowment %					
	The percentages on lines 2a, 2b, and 2c shou					
3a	Are there endowment funds not in the posses	ssion of the organization tha	t are held and administer	ed for the		
	organization by:				Yes No	
	(i) Unrelated organizations				3a(i)	
	(ii) Related organizations				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as required on S	Schedule R?		3b	
4	Describe in Part XIII the intended uses of the		funds.			
Part VI Land, Buildings, and Equipment.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value	
		(investment)	(other)	depreciation		
1a	Land	•	156,000		156,000	
b	Buildings					
С	Leasehold improvements					
d	Equipment		15,445	15,445		
e	Other		2,298,383		2,298,383	
Total.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, colu	ımn (B), line 10c.)		2,454,383	

	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
• • •	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(I) (I) (I) (I) (I) (I) (I) (I) (I) (I)		
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	arma 000 Dort IV line (Idd Coa Farm 000 Dart V line 45
	Complete if the organization answered "Yes" on Fo	orni 990, Part IV, line	
(4)	(a) Description		(b) Book value
(1) (2)			
(3)			
(4) (5)			
<u>(6)</u> (7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.	<u> </u>	
T GIT 7T	Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Bool	k value	
	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶		
	uncertain tax positions. In Part XIII, provide the text of the footnote	to the organization's financi	al statements that reports the
-	liability for uncertain tax positions under FASB ASC 740. Check he	-	

Part		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1 294,764
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3 294,764
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 294,764
Part		r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 258,686
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3 258,686
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 258,686
Part	XIII Supplemental Information.	
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, l	art X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

EEA Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

COLONIAL FOX THEATRE FOUNDATION 33-1160933 01. Form 990 governing body review (Part VI, line 11) THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION. THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS WHO REVIEW AND APPROVE THE FORM PRIOR TO FILING THE FORM. 02. Conflict of interest policy compliance (Part VI, line 12c) BOARD MEMBERS AND ANY PARTIES WITH DELEGATED POWERS ARE REQUIRED TO SIGN A WRITTEN CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. ANY MEMBER WITH A CONFLICT OR POTENTIAL CONFLICT OF INTEREST WOULD ABSTAIN FROM VOTING ON ANY ISSUE RELATED TO THAT CONFLICT. 03. Governing documents, etc, available to public (Part VI, line 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. 04. Explanation of other changes in net assets or fund balances (Part XI, line 9) LINE 9 EXPLANATION - THE SBA PPP LOAN FROM 2020 WAS FORGIVEN IN 2021, AND WAS NOT INCLUDED IN LIABILITIES ON THE 2020 FORM 990 PART X.