EXTENDED TO JULY 15, 2022

Return of Organization Exempt From Income Tax

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.

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the	\simeq 2020 calendar year, or tax year beginning $$ SEP $$ $$ $$ $$ $$ $$ 2020 $$ $$ and en	nding A	UG 31, 2021										
В	Check if applicable	C Name of organization		D Employer identifi	cation number									
	Addres	ASSOCIATION FOR THE COLONIAL THEATRE												
	Name change			23-28463										
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 712	oom/suite	E Telephone numbe 610-917-										
	termin- ated			G Gross receipts \$ 1,460,990.										
	Ameno			H(a) Is this a group re										
F	Application			for subordinates										
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in										
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ()	527		list. See instructions									
		e: WWW.THECOLONIALTHEATRE.COM		H(c) Group exemption										
		organization: X Corporation	L Year o		M State of legal domicile: PA									
	art I	Summary		•										
	1	Briefly describe the organization's mission or most significant activities: ${ m \underline{TO}}$ ${ m NUR}$	RTURE	COMMUNITY	ВҮ									
Governance		CELEBRATING THE POWER OF FILM AND THE PERFO												
rna	2	Check this box F if the organization discontinued its operations or disposed of more than 25% of its net assets.												
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	14										
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14									
es &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			29									
Activities &	6	Total number of volunteers (estimate if necessary)			24									
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			13,393.									
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.									
e				Prior Year	Current Year									
	8	Contributions and grants (Part VIII, line 1h)		460,022.	1,063,974.									
en.	9	Program service revenue (Part VIII, line 2g)		619,729.	301,891.									
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,999. 100,475.	2,488. 67,705.									
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,183,225.	1,436,058.									
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.									
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.									
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		503,690.	477,571.									
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.									
oen	h.	Total fundraising expenses (Part IX, column (D), line 25) 130,500) .											
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,071,269.	728,332.									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,574,959.	1,205,903.									
		Revenue less expenses. Subtract line 18 from line 12		-391,734.	230,155.									
or	G	·	Вед	ginning of Current Year	End of Year									
Net Assets or	20	Total assets (Part X, line 16)		8,748,978.	9,083,228.									
ASS	21	Total liabilities (Part X, line 26)		4,072,258.	4,176,353.									
E	22	Net assets or fund balances. Subtract line 21 from line 20		4,676,720.	4,906,875.									
	art II	Signature Block												
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules an		•	/ knowledge and belief, it is									
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer l	has any knowledge.										
		Signature of officer		 Date										
Sig		, ,		Date										
Hei	re	SUZANNE NORRIS, PRESIDENT Type or print name and title												
			Ιn	Date Check	PTIN									
Da:		Preparer's signature LINDA S HIMEBACK, CPA LINDA S HIMEBACK,		., L										
Pai			CFU											
	parer Only	Firm's address \(\) 2763 CENTURY BOULEVARD	FIIIII S EIN	EIN ► 23-2415973										
036	Jilly	READING, PA 19610		Phone no. (6	10) 378-1175									
— Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		I i none no. (O	X Yes No									

Form 990 (2020) ASSOCIATION FOR THE COLONIAL THEATRE 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	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 debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X
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		X
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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х

	1990 (2020) ASSOCIATION FOR THE COLONIAL THEATRE 23-2846	336	Р	age ²
Pa	rt IV Checklist of Required Schedules (continued)		T.,	T
00	Did the averagination was at assess the or \$5,000 of average and the average to a few demands in dividuals are		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		125
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, , ,	23		X
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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 member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	1		3,7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-T		34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
_	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		Х
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	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12	_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2020)

(gambling) winnings to prize winners?

Form 990 (2020) ASSOCIATION FOR THE COLONIAL THEATRE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued).

	etatemente riegaranig etaer inte i inige ana rax compilaries (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		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		v					
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X					
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	4-		Х				
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		21				
b	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 and services provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year			37				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
f								
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h						
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8						
9	Sponsoring organizations maintaining donor advised funds.	Ü						
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 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
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						
L	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							
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c							
14a		14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
-	excess parachute payment(s) during the year?	15		х				
	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.							
		F	aan	(0000)				

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion 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 14								
	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 on 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, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	a 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		х					
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		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100							
-	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	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	125							
·	in Schedule O how this was done	12c	Х						
13		13	X						
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	21						
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_		150	Х						
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X						
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	-22						
160									
108	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					
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa							
D									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401							
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b							
17	List the states with which a copy of this Form 990 is required to be filed PA	I. A		1-1-					
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)	avalla	nie					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	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								
	THE ORGANIZATION - 610-917-1228								
	PO BOX 712, PHOENIXVILLE, PA 19460								

032006 12-23-20 Form **990** (2020)

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 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. 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		e e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUZANNE V. NORRIS	1.00	=	=	0		T 00	ш.			
PRESIDENT		Х		Х				0.	0.	0.
(2) WILLIAM M. ANDERSEN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) STEPHEN H. KALIS	1.00									_
SECRETARY		Х		Х				0.	0.	0.
(4) JANICE HARTMANN	1.00									
TREASURER THRU 8/2021, INTEIRM ED AS OF 9/2021		Х		Х				0.	0.	0.
(5) MARIAN D. MOSKOWITZ	1.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(6) RONALD ARENA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SUSAN BERRY-GORELLI	1.00									
DIRECTOR		Х						0.	0.	0.
(8) REBECCA H. BRADBEER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MATTHEW CARBERRY	1.00									
DIRECTOR; TREASURER SEPT 2021		Х						0.	0.	0.
(10) JOCELYN S. HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TRISH HARTLINE	1.00									
DIRECTOR		Х						0.	0.	0.
(12) RICHARD A. KUNSCH SR.	1.00									
DIRECTOR		Х						0.	0.	0.
(13) PAULINE MONSON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) KENNETH MUMMA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MARYLOUISE STERGE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) KEN METZNER	40.00									_
EXECUTIVE DIRECTOR THRU 9/3/2021				Х				80,340.	0.	9,835.
										000

23-2846336

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	oloy	<u>ees,</u>	and	<u> Hig</u>	ghes	st C	compensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	(do box offic	not c	Pos heck i ss per nd a di	c) ition more rson i	than of the state	one n an tee)	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d s	an com	(F) timate nount other pensa	of tion
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	;C)	org and	om the anizat d relate anizatio	ion ed
	Subtotal							L	80,340.		0.		9,8	3 5
	Subtotal Total from continuation sheets to Part VI								0.		0.		<i>,</i> 0.	0.
	Total (add lines 1b and 1c)								80,340.		0.		9,8	
2	Total number of individuals (including but n							o re		000 of reportable			, , ,	
	compensation from the organization									•			Yes	0 N o
3	Did the organization list any former officer,	director, trust	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			162	
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•								4		X
	rendered to the organization? If "Yes." com									udal loi services		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest contractors	mponeated inc	lono	ndo	nt cc	ntr	acto	rc th	and received more than [©]	2100 000 of com	20000	tion fro	.m	
	the organization. Report compensation for	•	-							•				
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	ompe		n
2	Total number of independent contractors (in	ncluding but n	ot lin	nited	d to t	thos	se lis	ted	above) who received me	ore than				
	\$100,000 of compensation from the organization	zation 🕨				()						000	

ASSOCIATION FOR THE COLONIAL THEATRE 23-2846336 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c 76,638. d Related organizations 1d 549,125. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 438,211 1f g Noncash contributions included in lines 1a-1f 1,063,974. h Total. Add lines 1a-1f **Business Code** 148,851. 148,851. 2 a ADMISSIONS 713990 Program Service Revenue b MEMBERSHIP FEES 713990 100,399. 100,399. <u>32,</u>885. 32,885. c PROCESSING FEES 713990 713990 19,756. 19,756. d RENTALS f All other program service revenue 301,891. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,488. 2,488. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 13,393. 6 a Gross rents 0. **b** Less: rental expenses ... 13,393. c Rental income or (loss) 13,393.13,393. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b 7с c Gain or (loss)

032009 12-23-20

Form 990 (2020)

52,824.

1,488.

1,488.

436,058.

 \triangleright

<u>77,7</u>56.

24,932.

Business Code

713990

9b

d Net gain or (loss) 8 a Gross income from fundraising events (not

contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses

c Net income or (loss) from gaming activities

and allowances

c Net income or (loss) from sales of inventory

b Less: cost of goods sold

10 a Gross sales of inventory, less returns

11 a SCREEN ADVERTISING

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions

including \$

13,393.

52,824.

1,488.

356,203.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
Secti											
	Check if Schedule O contains a respons	se or note to any line in	this Part IX	(C)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
_	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
3											
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	00 175	10 025	26 070	26 070						
	trustees, and key employees	90,175.	18,035.	36,070.	36,070.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	205 200	150 005	04 150	E0 045						
7	Other salaries and wages	325,008.	170,005.	84,158.	70,845.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	29,252.	18,679.	3,448.	7,125.						
10	Payroll taxes	33,136.	15,211.	9,507.	8,418.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal										
С	Accounting	12,407.	620.	11,167.	620.						
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
a	Other. (If line 11g amount exceeds 10% of line 25,										
·	column (A) amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion	6,072.	6,072.								
13	Office expenses	11,441.	7,420.	3,217.	804.						
14	Information technology	-									
15	Royalties										
16	Occupancy	33,105.	33,105.								
17	Travel		·								
18	Payments of travel or entertainment expenses										
.0	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	368.	368.								
20		151,219.	151,219.								
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	369,074.	369,074.								
23		25,192.	25,192.								
23 24	Other expenses. Itemize expenses not covered	20,102.	20,202								
4 4	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 0.) FILM AND PRODUCTION COS	83,537.	83,537.								
a	REPAIRS AND MAINTENANCE	21,379.	21,379.								
b	FUNDRAISING	6,581.	41,313.		6,581.						
C	MEMBERSHIP AND EVENTS	5,664.	5,627.		37.						
d		2,293.	2,293.		J / •						
	All other expenses	1,205,903.	927,836.	147,567.	130,500.						
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,403,303.	341,030.	141,301.	130,300.						
26	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)				000						

Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,965.	1	1,895.
	2	Savings and temporary cash investments			471,655.	2	1,146,309.
	3	Pledges and grants receivable, net			91,794.	3	5,676.
	4	Accounts receivable, net			1,801.	4	62,932.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,074.	8	6,184. 44,649.
Ä	9	Prepaid expenses and deferred charges			29,277.	9	44,649.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	10,286,747.			
	b	Less: accumulated depreciation	8,148,412.	10c	7,815,583.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0 540 050	15	0 000 000
	16	Total assets. Add lines 1 through 15 (must ed			8,748,978.	16	9,083,228. 99,822.
	17	Accounts payable and accrued expenses			51,192.	17	99,822.
	18	Grants payable	100 057	18	015 670		
	19	Deferred revenue		102,957.	19	215,679.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
Liat		controlled entity or family member of any of the			3,735,103.	22	3,680,674.
	23	Secured mortgages and notes payable to unre			103,600.	23 24	109,500.
	24	Unsecured notes and loans payable to unrelate			103,000.	24	107,500.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin of Schedule D			79,406.	25	70,678.
	26	Total liabilities. Add lines 17 through 25			4,072,258.	25 26	4,176,353.
	20	Organizations that follow FASB ASC 958, c	heck here	X	1/0/2/2001	20	2/2/0/0000
es		and complete lines 27, 28, 32, and 33.	nook nork				
ů	27	• • • • • • • • • • • • • • • • • • • •			4,571,898.	27	4,816,120.
3ala	28	***************************************			104,822.	28	4,816,120. 90,755.
Ę.		Organizations that do not follow FASB ASC			•		•
Ξ		and complete lines 29 through 33.	,				
<u>p</u>	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				4,676,720.	32	4,906,875.
~	33	Total liabilities and net assets/fund balances		8,748,978.	33	9,083,228.	
							Form 990 (2020

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	1,43	5,9 0,1	03. 55.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,90	6,8			
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>		
1 2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:		2a	Yes	X		
	Separate basis Consolidated basis Both consolidated and separate basis		2b	Х			
	 b Were the organization's financial statements audited by an independent accountant? 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						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			v		
	Act and OMB Circular A-133?		3a		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why an Schodulo O and describe any stope taken to undergo such audits.	ed audit	3b				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			990	(2020)		

032012 12-23-20

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** ASSOCIATION FOR THE COLONIAL THEATRE 23-2846336 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 or 990-EZ).) 3 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: 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). 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 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 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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. 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. 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. 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). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 The portion of total contributions						
3	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1		•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	· ·	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	. —
<u> </u>	organization, check this box and stop						>
	ction C. Computation of Publi			. (5)		Taal	
	Public support percentage for 2020 (li		•	.,,		14	%
	Public support percentage from 2019					15	%
168	33 1/3% support test - 2020. If the content have The organization qualifies						. —
L	stop here. The organization qualifies		-			6 or more shock th	
O	33 1/3% support test - 2019. If the cand stop here. The organization qual	-					
170	10% -facts-and-circumstances test						
11 a	and if the organization meets the facts	-	-				
	meets the facts-and-circumstances te		•	-	•	ŭ	▶□
h	10% -facts-and-circumstances test	-		* *			
,	more, and if the organization meets the	`				•	10/001
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				s D
				, ,		edule A (Form 990	

Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	640,302.	417,258.	495,771.	460,022.	1,063,974.	3,077,327.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	749,606.	1,244,231.	1,370,655.	738,123.	379,647.	4,482,262.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,389,908.	1,661,489.	1,866,426.	1,198,145.	1,443,621.	7,559,589.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	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						0.
c	: Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						7,559,589.
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	1,389,908.	1,661,489.	1,866,426.	1,198,145.	1,443,621.	7,559,589.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,258.	54,790.	33,702.	2,999.	2,488.	123,237.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b	29,258.	54,790.	33,702.	2,999.	2,488.	123,237.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	15,998.	31,196.	43,960.	22,695.	14,881.	128,730.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,435,164.	1,747,475.	1,944,088.	1,223,839.	1,460,990.	7,811,556.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax ye	ear as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						>
	ction C. Computation of Publi					Г	
	Public support percentage for 2020 (li	, (,,	,	olumn (f))		15	96.77 %
	Public support percentage from 2019					16	96.61 %
	ction D. Computation of Inves					I	1.50
	Investment income percentage for 20					17	1.58 %
	Investment income percentage from 2					18	1.82 %
	33 1/3% support tests - 2020. If the more than 33 1/3%, check this box an	d stop here. The	organization qualif	es as a publicly su	pported organizat	tion	▶ X
b	33 1/3% support tests - 2019. If the						nd 🛴
20	line 18 is not more than 33 1/3%, chec			•		•	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
E-		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		OI-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		· ·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	od Type III supporting orga	nization (soo

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ASSOCIATION FOR THE COLONIAL THEATRE

Employer identification number 23-2846336

Pai			imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advise	d 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 w	riting that the assets he	ld in donor advised fu	nds
	are the organization's property, subject to the organization's e	~		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?		•	Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a his	storically important land area
	Protection of natural habitat	,	7	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ution in the form of a c	conservation 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				l l
С	Number of conservation easements on a certified historic structure.			
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	,		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year >		, ,	•
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	•			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation e	asements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s 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 footnot	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(m)			. .
2	If the organization received or held works of art, historical trea-	sures, or other similar as	ssets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020

032051 12-01-20

Suing the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a	No No
collection items (check all that apply): a	No No
a Public exhibition	No No
b Scholarly research 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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No No
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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities	No No
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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 11	No No
b If "Yes," explain the arrangement in Part XIII and complete the following table: b Beginning balance c Beginning balance f Ending balance f Ending balance f Ending balance b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII c Beginning of year balance b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII c Beginning of year balance d Accurrent year b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII c Beginning of year balance d Accurrent year b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII c Beginning of year balance d Accurrent year c Beginning of year balance d Accurrent year d C) Two years back d Grants or scholarships c Other expenditures for facilities	No No
to be sold to raise funds rather than to be maintained as part of the organization?	No No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back did Grants or scholarships e Other expenditures for facilities	No
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities	No
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c In Amount 1c In In In In In In In In In I	No
Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities	
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e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities	
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Senditions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Senditions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Senditions (e) Four years back or Senditions (for Interest) Prior year	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	ack
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions Contr	oack
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities	<u> </u>
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities	
d Grants or scholarships e Other expenditures for facilities	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment	
b Permanent endowment	
c Term endowment ▶%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by: Yes	No
(i) Unrelated organizations 3a(i)	
(ii) Related organizations 3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment 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 (b) Cost or other (c) Accumulated (d) Book value)
basis (investment) basis (other) depreciation	
1a Land 22,000. 22,00	
b Buildings 8,434,177. 1,644,825. 6,789,35	0.
c Leasehold improvements	0.
d Equipment 1,777,125. 823,606. 953,51	0.
	52.
e Other 53,445. 2,733. 50,71	9.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Schedule D (Form 990) 2020 ASSOCIATION	FOR THE COLO	NIAL THEATRE	23-2846336 Page
(a) Bescription of security or category according name of security) (b) Book value (c) Method of valuation: Cost or end of year market value (d) Closely held equity interests (e) Closely held equity interests (f) Closely held equity interests (g) Closely held equity interests (h) Book value (h) Closely held equity interests (h) Book value (h) Book value (h) Closely held equity interests (h) Book value				 -
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the org				
(G) (H) Total. (Col., (b) must equal Form 990, Part X, col., (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part XX Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 15.) Part XX Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) UNAMORTIZED DISCOUNT ON LOAN 70, 678.	(E)			
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(4) (5)		OAN		70,678.
(5)	(3)			
	(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

70,678.

(7) (8)

	ule D (Form 990) 2020 ASSOCIATION FOR THE COLON				2846336 Page
Part	•		levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			1	1,460,990.
	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	1,400,330
	Net unrealized gains (losses) on investments	2a			
				-	
	Donated services and use of facilities			-	
	Recoveries of prior year grants Other (Describe in Part XIII.)	1	24,932.	-	
				2e	24,932.
				3	1,436,058
-	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,450,050
		4a			
				-	
				4c	0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,436,058
	: XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	1,230,835.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		24,932.		
e	Add lines 2a through 2d			2e	24,932.
3	Subtract line 2e from line 1			3	1,205,903.
	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			
	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,205,903
Part	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fird and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			; Part >	X, line 2; Part XI,
PAR	T X, LINE 2:				
IN .	ACCORDANCE WITH GENERALLY ACCEPTED ACCOU	NTING PR	INCIPLES,	THE	
ASS	OCIATION ACCOUNTS FOR UNCERTAIN TAX POSI	TIONS RE	LATIVE TO	UNRI	ELATED
BUS	INESS INCOME, IF ANY, AS REQUIRED.				
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
CON	CESSIONS - COST OF GOODS SOLD				24,932.

Schedule D (Form 990) 2020

24,932.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONCESSIONS - COST OF GOODS SOLD

Schedule D) (Form 990) 2020	ASSOCIATION	FOR	$_{ m THE}$	COLONIAL	${ t THEATRE}$	23-2846336	Page 5
Part XIII	(Form 990) 2020 Supplemental Infor	mation (continued)						<u> </u>
	Темрычнения инс	(continuea)						

SCHEDULE 0

(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.

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

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION FOR THE COLONIAL THEATRE

Employer identification number 23-2846336

OMB No. 1545-0047

FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH YEAR, THE OFFICERS, DIRECTORS AND KEY EMPLOYEES SIGN DISCLOSURE FORMS.
THE PROCESS IS ENFORCED AND MONITORED THROUGH ANNUAL DISCUSSION AND
SIGNING.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE.
THE ORGANIZATION USES DATA FROM THE CULTURAL ALLIANCE OF GREATER
PHILADELPHIA AND THE PHILADELPHIA AREA CULTURAL DATA REPORT FOR SALARY
COMPARISONS EVERY OTHER YEAR.
FORM 990, PART VI, SECTION C, LINE 18:
ALL DOCUMENTS ARE AVAILABLE AT THE OFFICE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE AVAILABLE AT THE OFFICE UPON REQUEST.
THE POCCHETT THE THIRDE IT THE OTTER OF RECORDS

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

Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ASSOCIATION FO	OR THE COLONIAL TH	IEATRE			2	23-28463	36	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year	assets	Direct o	(f) controlling ntity	J
	- - -							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, i	because it had one	or more r	elated tax-exel	прт	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity	Section 5 contr	olled
				501(c)(3))			Yes	No
COMMUNITY COALITION - 23-2814841 10 N. MAIN STREET			504 (5) (0)	170(B)(1)(A)(77
PHOENIXVILLE, PA 19460	FUNDRAISING	PENNSYLVANIA	501(C)(3)	VI)				X
						·		

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization (b) Primary activity Primary activity Of related organization (c) Legal domicile (state or foreign country) Primary activity Of related organization (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Of related, unrelated, excluded from tax under sections 512-514) (g) Share of total income Of rend-of-year assets (h) Disproportionate allocations? Yes No (i) General or managing partner? Yes No
Name, address, and EIN of related organization Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Percentage ownership Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514)
toreign country) State of foreign country excluded from tax under sections 512-514) assets 20 of Schedule Factor Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes Yes
Country Sections 512-514) Yes No K-1 (Form 1065) Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No

Schedule R (Form 990) 2020

	Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
--	--------	--	---------------------------------------	--

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with	h one or more rel	ated organizations listed ir	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		_X_
g	Sale of assets to related organization(s)				1g		_X_
h	Purchase of assets from related organization(s)				1h		_X_
i	Exchange of assets with related organization(s)				1i		_X_
j	Lease of facilities, equipment, or other assets to related organization(s)				_1j		_X_
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_
- 1	Performance of services or membership or fundraising solicitations for related organization	ion(s)			11		_X_
m	n Performance of services or membership or fundraising solicitations by related organization	ion(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		_X_
0	Sharing of paid employees with related organization(s)				10		_X_
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who me	nust complete this	s line, including covered re	elationships and transaction thresholds.			
	<u> </u>	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
	CONTINUES. CONTINUES.	2	76 620	G. G. G.			

(1) COMMUNITY COALITION 76,638.CASH (4) (5)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R (Form 990) 2020

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print ASSOCIATION FOR THE COLONIAL THEATRE 23-2846336 Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 712 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIXVILLE, PA 19460 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ▶ PO BOX 712 - PHOENIXVILLE, PA 19460 Telephone No. ► 610 – 917 – 1228 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until JULY 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or $_{-\!-\!-}$, and ending $\,$ AUG $\,$ 31 , $\,$ 2021 ► X tax year beginning SEP 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

023841 04-01-20

instructions

LHA

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO JULY 15, 2022 **Exempt Organization Business Income Tax Return** Form 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning SEP 1, 2020 and ending AUG 31, 2021► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. **B** Exempt under section ASSOCIATION FOR THE COLONIAL THEATRE 23-2846336 Print Group exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) PO BOX 712 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [PHOENIXVILLE, PA 19460 529S Check box if 9,083,228. C Book value of all assets at end of year an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) 2 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ► THE ORGANIZATION Telephone number ► 610-917-1228 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 2,926. instructions) 2 Reserved 2 2,926. 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) 0. 4 4 2,926. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 STATEMENT 1 2,926. Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 1,000. 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) 2 3 3 **Proxy tax.** See instructions

4

5

6

LHA

Alternative minimum tax (trusts only)

Other tax amounts. See instructions

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

4

5

6

0.

	90-T (2	,					P	age 2
Part		Tax and Payments		.				
1a	Forei	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	. <u>1a</u>					
b		credits (see instructions)						
С	Gene	ral business credit. Attach Form 3800 (see instructions)	. 1c					
d	Credit	t for prior year minimum tax (attach Form 8801 or 8827)	. 1d					
е	Total	credits. Add lines 1a through 1d			L	1e		
2		act line 1e from Part II, line 7			I	2		0.
3	Other	taxes. Check if from: Form 4255 Form 8611 Form						
		Other (attach statement)			L	3		
4	Total	tax. Add lines 2 and 3 (see instructions).	iously de	eferred under				
	section	on 1294. Enter tax amount here	. ▶		L	4		0.
5	2020	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line	e 4		L	5		0.
6a	Paym	nents: A 2019 overpayment credited to 2020	. 6a					
b		estimated tax payments. Check if section 643(g) election applies	6b					
С	Tax d	leposited with Form 8868	6c					
d	Foreig	gn organizations: Tax paid or withheld at source (see instructions)						
е		up withholding (see instructions)						
f		t for small employer health insurance premiums (attach Form 8941)						
g		credits, adjustments, and payments: Form 2439						
•		Form 4136 Other Total	6q					
7		payments. Add lines 6a through 6g				7		
8				>		8		
9	Tax d					9		
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp				10		
11		the amount of line 10 you want: Credited to 2021 estimated tax		Refunde		11		
Part		Statements Regarding Certain Activities and Other Informati	ion (se					
1	At an	y time during the 2020 calendar year, did the organization have an interest in or	a signat	ure or other aut	hority		Yes	No
	over a	a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organiza	tion may have t	o file			
		EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	•	•				
	here			· ·	,			Х
2		g the tax year, did the organization receive a distribution from, or was it the gran	ntor of. o	r transferor to. a				
		in trust?	,	,				Х
		s," see instructions for other forms the organization may have to file.						
3		the amount of tax-exempt interest received or accrued during the tax year		▶ \$				
4a		ne organization change its method of accounting? (see instructions)						Х
b		s "Yes," has the organization described the change on Form 990, 990-EZ, 990-F						
		in in Part V	,		,			
Part	V :	Supplemental Information						
Provide	e the ex	xplanation required by Part IV, line 4b. Also, provide any other additional information	ation. Se	e instructions.				
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowledge	and belief, it	t is true,	
Sign	00	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepared the complete of the complete	arer nas any	knowledge.	May	the IDC dies.	aa thia uat wa u	iala
Here		PRESID	ENT				uss this return w n below (see	itti
		Signature of officer Date PRESID				uctions)?		No
		Print/Type preparer's name Preparer's signature [Date	Check	if	PTIN		
Paid		LINDA S HIMEBACK, LINDA S HIMEBACK,		self- em	ployed			
	aror		2/11		. , ,	P000	142618	
riebalei –		Firm's name ► HERBEIN + COMPANY, INC.		Firm's	EIN ►		241597	3
2763 CENTURY BOULEVARD						_		
		Firm's address ► READING, PA 19610		Phone	no. (6	10) 3	378-117	75
				1			rm 990-T (
						. 5.	,	

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
	FORWARD FROM PRIOR YEAR ION INCLUDED IN PART I, LINE 6	54,551. 2,926.
SCHEDULE A PORTION SCHEDULE A ENTITY	OF PRE-2018 NOL SCHEDULE A SHARE	
1 2	0. 0.	
TOTAL SCHEDULE A SH NET OPERATING DEDUC	TION	0. 2,926.
BALANCE AFTER PRE-2 EXPIRING NET OPERAT CARRY FORWARD OF NE	ING LOSSES	0. 0. 51,625.

OMB No. 1545-0047

1

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Unrelated Business Taxable Income

From an Unrelated Trade or Business

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Describe the unrelated trade or business NADVERTISING INCOME	A N	ame of the organization ASSOCIATION FOR THE COLONIAL THE	B Employer identification number 23-2846336			
Part	<u>c </u>	Inrelated business activity code (see instructions) 71111	D Sequence: 1	. of 2		
1	<u>E</u> [escribe the unrelated trade or business ADVERTISING	INCC	ME		
b Less returns and allowances	Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
b Less returns and allowances	12	Grass receipts or sales				
2 Cost of goods sold (Part III, line 8)		•	10			
3 Gross profit. Subtract line 2 from line 1 3 4 4 Capital gain net income (attach Sch D (Form 1041 or Form 1120) (see instructions)						
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) c Capital loss deduction for trusts for lincome (loss) (Form 4797) (attach Form 4797) (see instructions) for lincome (loss) from a partnership or an S corporation (attach statement) Turnslated debt financed income (Part IV) 7 Unrelated debt financed income (Part IV) 8 Interest, annutities, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Interest (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 4 A Bad debts 5 Interest (attach statement) (see instructions) 6 Taxes and licenses 7 Depreciation (attach Form 4562) (see instructions) 8 Less depreciation claimed in Part III and elsewhere on return 8 Ba Bb 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Employee benefit programs 11 Employee benefit programs 11 Employee benefit programs 11 Contributions to deferred compensation plans 1 Interest (Part X) 12 Excess exempt expenses (Part XIV) 13 Excess exempt expenses (Part XIV) 14 Other deductions, Add lines 1 through 14 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss (see instructions) 18 Urrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss (see instructions)						
1207 (see instructions)			اٽ ا			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b 4c 4c 4c 4c 4c 4c 4c			4a			
C Capital loss deduction for trusts 4c	b	, , , , , , , , , , , , , , , , , , , ,				
Income (loss) from a partnership or an S corporation (attach statement)						
Statement						
Rent income (Part IV)	_		5			
7	6					
Interest, annuities, royalties, and rents from a controlled organization (Part VI)						
organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 14 1 1,488. 42,45540,967 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 2 2 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions) 6 Taxes and licenses 7 Depreciation (attach Form 4562) (see instructions) 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Contributions Add lines 1 through 14 15 Total deductions, Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) column (C) 17 Deduction for net operating loss (see instructions) 17 Deduction for net operating loss (see instructions) 18 Unrelated business taxable income. Subtract line 16	8					
10			8			
Organizations (Part VII) 9	9					
10			9			
Advertising income (Part IX)	10		10			
12 Other income (see instructions; attach statement) 12 13 1,488 42,455 -40,967	11		11	1,488.	42,455.	-40,967.
Total. Combine lines 3 through 12	12		12			
Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 3 3 4 Bad debts 4 1 5 Interest (attach statement) (see instructions) 6 Taxes and licenses 6 7 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8 Depletion 9 Depletion 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Employee benefit programs 11 Employee benefit programs 11 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 Cher deductions (attach statement) 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 —40,967 17 Deduction for net operating loss (see instructions) 18 Unrelated business taxable income. Subtract line 17 from line 16 18 —40,967	13		13	1,488.	42,455.	-40,967.
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Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Deduction for net operating loss (see instructions) Unrelated business taxable income. Subtract line 17 from line 16 10 11 12 13 14 15 0 16 -40,967				· · · · · · · · · · · · · · · · · · ·		
11Employee benefit programs1112Excess exempt expenses (Part VIII)1213Excess readership costs (Part IX)1314Other deductions (attach statement)1415Total deductions. Add lines 1 through 1415016Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)16-40,96717Deduction for net operating loss (see instructions)17018Unrelated business taxable income. Subtract line 17 from line 1618-40,967						
12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 14 Other deductions (attach statement) 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -40,967 17 Deduction for net operating loss (see instructions) 18 Unrelated business taxable income. Subtract line 17 from line 16 19 Unrelated business taxable income. Subtract line 17 from line 16 10 Unrelated business taxable income. Subtract line 17 from line 16						
13 Excess readership costs (Part IX) 14 Other deductions (attach statement) 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss (see instructions) 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -40,967						
14 Other deductions (attach statement) 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss (see instructions) 18 Unrelated business taxable income. Subtract line 17 from line 16 19 Other deductions (attach statement) 19 0 19 0 19 0 19 0 19 0 19 0 19 0 19 0						
Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Deduction for net operating loss (see instructions) Unrelated business taxable income. Subtract line 17 from line 16 15 0 16 -40,967						
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17Deduction for net operating loss (see instructions)17018Unrelated business taxable income. Subtract line 17 from line 1618-40,967						-40.967.
18 Unrelated business taxable income. Subtract line 17 from line 16 18 -40,967	17					0.
	18					• •
	LHA	For Paperwork Reduction Act Notice, see instructions.				

023741 12-23-20

	ule A (Form 990-T) 2020				Page 2
Part		hod of inventory valuati	on P		
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	· · · · · · · · · · · · · · · · · · ·	8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Proper	ty Leased with R	eal Property)	
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use (see instru	uctions)	
	A				
	В				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				,
	Add lines 2a and 2b, columns A through D				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I,	line 6, column (B)		0.
Part	10				
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use (see	instructions)	
	<u>A</u>				
	B				
	<u> </u>				
	D	· ·			
_		Α	В	С	D
2	Gross income from or allocable to debt-financed				
_	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)). Enter here and on Par	t I, line 7, column (A)	▶	0.
			Т	Г	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thi				
11	Total dividends-received deductions included in line	: IU		>	0.

	ıle A (Form 990-T) 2020											Page 3
Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (s	ee instruct	tions)		
						E	xempt Contro	lled Or	ganization	าร		
1. Name of controlled		2. Employer	3. Net unrelated 4.		4. Tota	al of specified		art of colu		6.	Deductions directly	
	organization		identification	incor	ne (loss)	payn	nents made		s included rolling orga			connected with
			number	(see ins	structions)				s gross inc		in	come in column 5
(1)												
(2)												
(3)												
(4)												
			No	nexempt (Controlled O	ganizati	ons					
7	. Taxable Income	8.	Net unrelated	9. To	otal of specif	ied	10. Part			11	. De	ductions directly
		ir	ncome (loss)	ра	yments mad	е	that is inc				СО	nnected with
		(see	e instructions)				controlling organization's gross income			in	con	ne in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum	nns 5 a	ınd 10.	Ad	d co	olumns 6 and 11.
							Enter here		,	Ent		ere and on Part I,
							line 8, d	column	n (A)		line	8, column (B)
Totals						•			0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	tructions)			
		cription of			2. Amou		3. Deduction		4. Set-	asides	;	5. Total deductions
					incon	пе	directly conn		(attach st	tateme	nt)	and set-asides
							(attach state	ment)				(add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou							Add amounts in
					here and o							column 5. Enter here and on Part I,
					line 9, colu							line 9, column (B)
Totals						Ò.						Ò.
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	han Adve	ertising	Income	see in:	structions))		
1	Description of exploite								,			
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	th production of unre	elated busi	ness income	e. Enter h	nere and on Pa	art I,				
	line 10, column (B)					•		,		3		
4	Net income (loss) from											
-	lines 5 through 7					•	•			4		
5	Gross income from ac	tivity that	is not unrelated busi	ness incor	 ne					5		
6	Expenses attributable									6		
7	Excess exempt expen											
-	4. Enter here and on F									7		

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on	a consolidated basis	S.	
	A SCREEN ADVERTISING				
	В				
	<u> </u>				
Entor	D amounts for each periodical listed above in the	corresponding column			
Liller	amounts for each periodical listed above in the	Δ	В	С	D
2	Gross advertising income	1,488		 	
_	Add columns A through D. Enter here and on		•	<u> </u>	1,488.
а	3	, , , , , , , , , , , , , , , , , , , ,			
3	Direct advertising costs by periodical	42,455			
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		>	42,455.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete	4000			
_	lines 5 through 7, and enter zero on line 8		•		
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
•	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the gi				
а					0.
Part	X Compensation of Officers, Dir	rectors, and Trustees	(see instructions)		
	Í	,	(SSS III STI GOTIO)	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total				▶	0.
	Enter here and on Part II, line 1				<u></u>
Part		ee instructions)			
		ee instructions)			
		ee instructions)			
		ee instructions)			
		ee instructions)			
		ee instructions)			
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		ee instructions)			

Department of the Treasury

Internal Revenue Service

OMB No. 1545-0047

2

From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Unrelated Business Taxable Income

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation of officers, directors, and trustees (Part X) Total Compensation (Altach Form 4562) (see instructions) Total Compensation (Altach Statement) Total Compensation (Alt	A N	ame of the organization ASSOCIATION FOR THE COLONIAL THEA	B Employer identifi 23-28463			
Part I Unrelated Trade or Business Income	<u>c</u> u	nrelated business activity code (see instructions) > 71111	0		D Sequence:	2 of 2
Part I Unrelated Trade or Business Income	E D	escribe the unrelated trade or business RENTALS				
b Less returns and allowances				(A) Income	(B) Expenses	(C) Net
2 Cost of goods sold (Part III, line 8)	1 a	Gross receipts or sales				
2 Cost of goods sold (Part III, line 8)	b	Less returns and allowances c Balance ▶	1c			
3 Gross profit. Subtract line 2 from line 1c 3 3 4 4 4 4 4 4 4 4	_		2			
1120) (see instructions)	3		3			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) c Capital loss deduction for trusts lncome (loss) from a partnership or an S corporation (attach statement) 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Part IV) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 7 Interest, annutiles, royalties, and rents from a controlled organization (Part VI) 8 Interest, annutiles, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and maintenance 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions) 5 Galaries and licenses 6 Taxes and licenses 7 Depreciation claimed in Part III and elsewhere on return 8 Ba Ba 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Employee benefit programs 11 Employee benefit programs 11 Employee sender expenses (Part VIII) 12 Excess exadership costs (Part IX) 13 Excess readership costs (Part IX) 14 Other deductions, Add lines 1 through 14 15 Total deductions, Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss (see instructions)	4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) c Capital loss deduction for trusts lncome (loss) from a partnership or an S corporation (attach statement) 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Part IV) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 7 Interest, annutiles, royalties, and rents from a controlled organization (Part VI) 8 Interest, annutiles, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and maintenance 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions) 5 Galaries and licenses 6 Taxes and licenses 7 Depreciation claimed in Part III and elsewhere on return 8 Ba Ba 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Employee benefit programs 11 Employee benefit programs 11 Employee sender expenses (Part VIII) 12 Excess exadership costs (Part IX) 13 Excess readership costs (Part IX) 14 Other deductions, Add lines 1 through 14 15 Total deductions, Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss (see instructions)		1120)) (see instructions)	4a			
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5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annutites, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(e)(7), (9), or (17) organization (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions, attach statement) 13 Total, Combine lines 3 through 12 14 Total, Combine lines 3 through 12 15 Total, Combine lines 3 through 12 16 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and maintenance 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and maintenance 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions) 6 Taxes and licenses 7 Depreciation (attach Form 4562) (see instructions) 8 Less depreciation (attach Form 4562) (see instructions) 8 Less depreciation (attach Form 4562) (see instructions) 1 Employee benefit programs 11 Employee benefit programs 11 Employee benefit programs 11 Excess exempt expenses (Part VII) 12 Excess exempt expenses (Part VII) 13 Total deductions, Add lines 1 through 14 14 Uther deductions, Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, Column (C) 17 Deduction for net operating loss (see instructions)	С	Capital loss deduction for trusts	4c			
6 Rent income (Part IV) 6 13,393. 10,467. 2,926 7 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 9 Investment income of section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Part VIII) 10 11 Advertising income (Part IX) 11 12 Other income (see instructions, attach statement) 12 13 Total. Combine lines 3 through 12 13 13,393. 10,467. 2,926 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and wages 2 2 3 Repairs and maintenance 3 3 4 4 Bad debts 4 4 5 Interest (attach statement) (see instructions) 5 5 6 Taxes and licenses 6 7 6 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 9 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess readership costs (Part IX) 13 13 Total deductions. Add lines 1 through 14 15 Total deductions. Add lines 1 through 14 16 Unrelated Dusiness income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 17 Deduction for net operating loss (see instructions) 17 18 Deduction for net operating loss (see instructions) 17 18 Deduction for net operating loss (see instructions) 17 19 Deduction for net operating loss (see instructions) 17 10 Deduction for net operating loss (see instructions) 17 10 Deduction for net operating loss (see instructions) 17 11 Deduction for net operating loss (see instructions) 17 12 Deduction for net operating loss (see instructions) 17 11 Deduction for net operating loss (see instructions) 17 12 Deduction for net operating loss (see instructions) 17 11 Deduction for net operating loss (see instructions) 17 12 Deduction for net operating loss (see instructions) 17 13 Deduction for net operating loss (see instructions) 17 15 Deduc						
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Organization (Part VI) 8	7		7			
9	8	Interest, annuities, royalties, and rents from a controlled				
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 13 13,393. 10,467. 2,926 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions) 5 Interest (attach statement) (see instructions) 6 Taxes and licenses 7 Depreciation (attach Form 4562) (see instructions) 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 9 Depletion 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Cother deductions (attach statement) 14 Other deductions (attach statement) 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 2,926 17 Deduction for net operating loss (see instructions)		organization (Part VI)	8			
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10 Exploited exempt activity income (Part IX) 10 11 Advertising income (Part IX) 11 12 Uther income (see instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 13,393. 10,467. 2,926 2,92		organizations (Part VII)	9			
11 Advertising income (Part IX) 11	10		10			
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions) 5 Interest (attach statement) (see instructions) 6 Taxes and licenses 7 Depreciation (attach Form 4562) (see instructions) 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 9 Depletion 9 Depletion 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Excess exempt expenses (Part VIII) 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 2,926 17 Deduction for net operating loss (see instructions) 18 Les depreciation claimed in Part III and elsewhere on return 19 Deduction for net operating loss (see instructions) 10 Deduction for net operating loss (see instructions) 11 Deduction for net operating loss (see instructions) 12 Deduction for net operating loss (see instructions) 15 Deduction for net operating loss (see instructions)	11		11			
Total. Combine lines 3 through 12	12		12			
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement) (see instructions) 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 Depletion 9 10 9 10 11 11 Employee benefit programs 10 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions, Add lines 1 through 14 15 15 Total deductions. Add lines 1 through 14 15 16 2 , 926 17 Deduction for net operating loss (see instructions) 17	13		13	13,393.	10,467.	2,926.
2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement) (see instructions) 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 15 0 16 2,926 17 Deduction for net operating loss (see instructions) 17 0		directly connected with the unrelated business in	come			ns must be
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column (C)						0.
17 Deduction for net operating loss (see instructions) 17 0	16				· ·	2 026
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						2,926.
LHA For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 20	18		·			•

023741 12-23-20

Part I	U Ocat of Ocada Ocad				Page 2
	Entor mot	od of inventory valuation		<u> </u>	
1					
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	,			
9	Do the rules of section 263A (with respect to property p				Yes No
Part I	, , , ,				
1	Description of property (property street address, city, st				10460
	A X MARQUEE, THEATRE/EVENT S	SPAC PO BOX	/12, PHOEN.	IXVILLE, PA	19460
	B				
	<u> </u>				
	D				_
	_	Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)	0.			
b	From real and personal property (if the				
	percentage of rent for personal property exceeds	12 202			
	50% or if the rent is based on profit or income)	13,393.			
С	Total rents received or accrued by property.	12 202			
	Add lines 2a and 2b, columns A through D	13,393.			
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I, li	ne 6, column (B)		10,467.
Part \	Unrelated Debt-Financed Income (see				
1	(5)	ee instructions)			
	Description of debt-financed property (street address, or		eck if a dual-use (see	instructions)	
			eck if a dual-use (see	instructions)	
	Description of debt-financed property (street address, o		eck if a dual-use (see	instructions)	
	Description of debt-financed property (street address, of A		eck if a dual-use (see	instructions)	
	Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B		eck if a dual-use (see	instructions)	
	Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C		eck if a dual-use (see	e instructions)	D
2	Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ity, state, ZIP code). Ch	`	·	D
2	Description of debt-financed property (street address, of A B G Gross income from or allocable to debt-financed property	ity, state, ZIP code). Ch	`	·	D
2	Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ity, state, ZIP code). Ch	`	·	D
3	Description of debt-financed property (street address, of A	ity, state, ZIP code). Ch	`	·	D
3	Description of debt-financed property (street address, of A	ity, state, ZIP code). Ch	`	·	D
3 a b	Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	ity, state, ZIP code). Ch	`	·	D
3 a b	Description of debt-financed property (street address, of A B B C C C C C C C C C C C C C C C C C	ity, state, ZIP code). Ch	`	·	D
3 a b c	Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ity, state, ZIP code). Ch	`	·	D
3 a b c	Description of debt-financed property (street address, of A B B C C C C C C C C C C C C C C C C C	ity, state, ZIP code). Ch	`	·	D
3 a b c	Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ity, state, ZIP code). Ch	`	·	D
3 a b c	Description of debt-financed property (street address, of A B B C C D D D D D D D D D D D D D D D D	ity, state, ZIP code). Ch	`	·	D
3 a b c	Description of debt-financed property (street address, of A B B C C D D D D D D D D D D D D D D D D	A A	В	C	
3 a b c	Description of debt-financed property (street address, of a B B B B B B B B B B B B B B B B B B	ity, state, ZIP code). Ch	`	C	
3 a b c 4 5	Description of debt-financed property (street address, of a B C C C C C C C C C C C C C C C C C C	A A %	В %	C %	%
3 a b c	Description of debt-financed property (street address, of a B B B B B B B B B B B B B B B B B B	A A %	В %	C %	%
3 a b c 4 5 6 7 8	Description of debt-financed property (street address, of the content of the cont	A M %	В %	C %	
3 a b c 4 5	Description of debt-financed property (street address, of a B C C C C C C C C C C C C C C C C C C	A A Second Sec	B % I, line 7, column (A)		%

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (se	ee instruct	tions)		Page 3
							Exempt Contro	,				_
	Name of controlled organization		2. Employer identification number	identification incor		et unrelated d. Tota paym nstructions)		5. Part of column 4 that is included in the controlling organization's gross income		mn 4 in the aniza-		Deductions directly connected with come in column 5
(1)												
(2)												
(3)												
<u>(4)</u>			N) t II1 O							
	. Taxable Income		Net unrelated	1	Controlled Or otal of specif	•	ons 10. Part o	of colu	mn 0	11	Do	ductions directly
,	. Taxable income	ir	ncome (loss) e instructions)		yments mad		that is inc	luded	in the zation's		cor	nnected with ne in column 10
(1)												
(2)												
(3)												
(4)												
							Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		Part I,	Ente	er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals						•			0.			0.
Part '	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ected	4. Set- (attach st	asides- tateme		5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	ınto in						Add amounts in
					column 2							column 5. Enter
					here and or							here and on Part I,
Totals					line 9, colu	Imn (A) 0 •						line 9, column (B) 0 •
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	⊥ Than Adve		Income /	see ins	structions)	\		<u></u>
1	Description of exploite				THAIT THAT	71 (1011)	<u>, </u>	366 1113	<u>structions</u>	<u> </u>		
2	Gross unrelated busin			ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly con						•	` '				
	line 10, column (B)		•							3		
4	Net income (loss) from											
										4		
5	Gross income from ac									5		
6	Expenses attributable	to income	entered on line 5							6		
7	Excess exempt expen			•								
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2020

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	ng two or mo	re periodicals on a	consolidated basi	S.	
	A					
	В					
	c 🗆					
	D					
Entor	- —	oorroopondi	na oolumn			
LIILEI	amounts for each periodical listed above in the	Correspondi		В	С	D
_		-	Α	В В		U
2	Gross advertising income		(4)			0.
	Add columns A through D. Enter here and or	n Part I, line 1	11, column (A)		P	· <u> </u>
а				1		
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	n Part I, line 1	1, column (B)		>	0.
				1		
4	Advertising gain (loss). Subtract line 3 from li	ine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	l l				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than	ı				
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of the	line 8a, columns t	otal or zero here ar	nd on	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, a	nd Trustees	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
		•				
Total	. Enter here and on Part II, line 1					0.
Part					,	
	,-		/			

FORM 990-T (A)	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 2
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES		- SUBTOTAI	i - 1	10,467.	10,467.
TOTAL TO FORM	990-T, SCHEDUL	E A, PART	IV, LINE 4		10,467.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 23-2846336 ASSOCIATION FOR THE COLONIAL THEATRE Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 712 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIXVILLE, PA 19460 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ▶ PO BOX 712 - PHOENIXVILLE, PA 19460 Telephone No. ► 610 – 917 – 1228 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until JULY 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or $_{-\!-\!-}$, and ending $\,$ AUG $\,$ 31 , $\,$ 2021 ► X tax year beginning SEP 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

023841 04-01-20

instructions

LHA

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certifi	cate number: 14482 (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at
Fiscal	year ended: 08/31/2021 MM DD YYYY	least one of the following must apply: Organization is exempt from registration because
FEIN:	23-2846336	Organization does not solicit contributions in Pennsylvania
1.	Legal name of organization: ASSOCIATION FOR	THE COLONIAL THEATRE
	Check if name change and give previous name	
2.	All other names used to solicit contributions:	
3.	Contact person: LUANN ROTH	Contact's E-mail: LUANN@THECOLONIALTHEATRE.COM
4.	Physical address of organization:	Mailing address: (If different than physical)
	227 BRIDGE STREET	PO BOX 712
	PHOENIXVILLE	PHOENIXVILLE
	PA 19460	PA 19460
	County: CHESTER	Phone number: 610-917-1228
	800 number:	Fax number:
	Email (if different than Contact's email):	
	Website: WWW.THECOLONIALTHEATRE.COM	
5.	Type of organization (e.g. non-profit corporation, unincorpor NON-PROFIT CORPORATION	rated association, etc.):
	Where established: PHOENIXVILLE, PA	Date established:* 10/01/1996

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

Page 1 of 6 075801 04-01-20 Form BCO-10 (rev. 8/2017)

6.	Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)									
	NONE									
7.	Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":									
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when									
-	all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust									
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of									
	the organization. The term "membership" shall not include those persons who are granted a membership solely									
	upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation,									
	bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the									
	organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.									
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose									
	fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities									
ı	0160.7(5)(4)									
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from									
	registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.									
	X Not Applicable									
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization									
	must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.									
	Items 8 and 9 are required to be completed by initial registrants only									
8.	Date organization first solicited contributions from Pennsylvania residents:									
	Other									
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.									
	MM DD YYYY Other									
	Other *Includes contributions received both within and outside Pennsylvania before any deductions or expenses.									

Page 2 of 6 075802 04-01-20 Form BCO-10 (rev. 8/2017)

10.	ASSOCIATION FOR THE COLONIAL THEATRE Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	DIRECT MAIL, FUNDRAISING EVENTS, EMAIL SOLICITATIONS, WEBSITE
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	TO MAINTAIN AND ENLIVEN THE HISTORIC THEATRE AND PROVIDE COMMUNITY EVENTS, INCLUDING THE PRESENTATION OF FILM, LIVE THEATRE AND CONCERTS TO ENHANCE THE CULTURAL, ECONOMIC AND CIVIC LIFE OF PHOENIXVILLE AND THE SURROUNDING COMMUNITITES.
14.	Is the organization registered to solicit contributions in any other state or municipality?
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
10.	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.)
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
16	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to
10.	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all
	contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 1

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17.	Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary) SEE STATEMENT 2							
18.	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)							
	NONE							
19.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined							
	registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No X Not Applicable							
	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)							
20.	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable							
	If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)							
	Legal name of parent organization Pennsylvania certificate number							
21.	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)							
	SEE STATEMENT 3							

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities: BOARD OF DIRECTORS 227 BRIDGE STREET, P.O. BOX 712 PHOENIXVILLE, PA 19460 B. Have final responsibility for the custody of contributions: BOARD OF DIRECTORS 227 BRIDGE STREET, P.O. BOX 712 PHOENIXVILLE, PA 19460 C. Have final responsibility for final distribution of contributions: BOARD OF DIRECTORS 227 BRIDGE STREET, P.O. BOX 712 PHOENIXVILLE, PA 19460 D. Are responsible for custody of financial records: BOARD OF DIRECTORS 227 BRIDGE STREET, P.O. BOX 712 PHOENIXVILLE, PA 19460 23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to: A. Any other officer, director, trustee, or employee? Yes X No B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No C. Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes X No **(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor) If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties. 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever: A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other Yes X No jurisdiction? B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes X No C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes X No (If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. \S 4904 (relating to unsworn falsification to authorities) and 10 P.S. \S 162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer		Date				
• ,						
Type or	print name and title of Chief Fiscal Officer					
Signature of Other Authorized Officer		Date				
Type or	print name and title of Other Authorized Officer					
Che	cklist for registration:					
X	Completed registration statement properly signed and dated.					
X	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer					
	Public Disclosure Form BCO-23 (if required)					
X	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)					
X	Registration fee and any late filing fees					
	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.					
See	Instructions for more information on completing this form and atta	chments				

FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS		PHONE NUMBER
NONE		
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT DATE	

PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT 2
	PHONE NUMBER
	PROFESSIONAL FUNDRAISING COUNSELS

CONTRACT BEGIN DATE CONTRACT END DATE SERVICE DATE

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT 3
NAME AND ADDRESS				TITL	ıΕ	
KEN METZNER				EXEC 9/3/	 UTIVE DIRECT(20	OR THRU
PO BOX 712 PHOENIXVILLE, PA	19460			3/3/	20	
NAME AND ADDRESS				TITL	Æ	
SUZANNE V. NORRIS PO BOX 712 PHOENIXVILLE, PA	19460			PRES	IDENT	
NAME AND ADDRESS				TITL	·Ε	
WILLIAM M. ANDERS	EN			VICE	PRESIDENT	
PHOENIXVILLE, PA	19460					

NAME AND ADDRESS TITLE

STEPHEN H. KALIS SECRETARY

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

JANICE HARTMANN TREASURER THRU 8/2021,

INTERIM

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

MARIAN D. MOSKOWITZ PAST PRESIDENT

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

RONALD ARENA DIRECTOR

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

SUSAN BERRY-GORELLI DIRECTOR

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

REBECCA H. BRADBEER DIRECTOR

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

MATTHEW CARBERRY DIRECTOR; TREASURER SEPT

2021

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

JOCELYN S. HARRIS DIRECTOR

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

TRISH HARTLINE DIRECTOR

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

RICHARD A. KUNSCH SR. DIRECTOR

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

PAULINE MONSON DIRECTOR

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

KENNETH MUMMA DIRECTOR

PO BOX 712

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

MARYLOUISE STERGE DIRECTOR

PO BOX 712

PHOENIXVILLE, PA 19460