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**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2011 calendar year, or tax year period beginning** 07/01, 2011, and ending 06/30, 2012

|  |   |  |   |
|--|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b> MARSHALL CIVIC CENTER TRUST, INC<br>Doing Business As                     |  | <b>D Employer identification number</b><br>38-3636933   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>214 MANSION ST |  | <b>E Telephone number</b><br>269-789-9677   |
|  | City or town, state or country, and ZIP + 4<br>MARSHALL, MI 49068                                       |  | <b>G Gross receipts \$</b> 196049   |
|  | <b>F Name and address of principal officer</b>  |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |

**I Tax-exempt status**  501(c)(3)  501(c) ( ) (Insert no)  4947(a)(1) or  527

**J Website:** ▶

**K Form of organization**  Corporation  Trust  Association  Other ▶ **L Year of formation** **M State of legal domicile**

**Part I Summary**

|   |   |                           |              |
|---|---|---------------------------|--------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities<br>MCCT PROVIDED ARTISTIC, CULTURAL, EDUCATIONAL, SOCIAL, AND ENTERTAINMENT OPPORTUNITIES TO ENRICH THE LIVES OF ALL WITHIN ITS REACH |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | 11           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | 11           |
|   | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)   | <b>5</b>                  |              |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | 50           |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 |              |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   |                           |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 89576                     | 48588        |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 123113                    | 132861       |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 7000                      | 6800         |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 219689                    | 188249       |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                           |              |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                           |              |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 52178                     | 61471        |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |                           |              |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶  |                           |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 190752                    | 206764       |
|   | <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  | 242930                    | 268235       |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12           | -23241  | -79986                    |              |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 587854                    | 519356       |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20   | 7906                      | 19394        |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: Kathy A. Miller Date: 9/28/12  
 Type or print name and title: KATHY MILLER, VICE PRESIDENT

**Paid Preparer's Use Only**  
 Preparer's name: ELDON VINCENT Preparer's signature: [Signature] Date: 09/11/12 Check  if self-employed PTIN: P00158018  
 Firm's name: ELDON J VINCENT CPA PLLC Firm's EIN: 20-0063197  
 Firm's address: 105 W MICHIGAN AVENUE 49068 Phone No: 269-789-0730

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

QNA

SCANNED OCT 23 2012

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Part III Statement of Program Service Accomplishments
Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
TO PRESERVE, RENOVATE AND MAINTAIN THE MARSHALL CIVIC CENTER FOR CULTURAL, CIVIC AND SOCIAL ENRICHMENT OF THE GREATER MARSHALL COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**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 . . . . .   |     | X  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | X   |    |
| 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 . . . . .  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> 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 . . . . .   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .                         |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .                                      |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . . |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .  |     | 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  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | X   |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .   |     | X  |
| c   | 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 . . . . .   |     | X  |
| 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 . . . . .  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   |     | X  |
| 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 . . . . .       |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .   |     | X  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .              |     | 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? . . . . .   |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .                     |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV . . . . .                                |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV . . . . .                                    |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .                                       |     | X  |
| 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 . . . . .  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .  |     | X  |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? . . . . .  |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .  | 21  | X  |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .   | 22  | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .   | 23  | X  |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .                            | 24a | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | 24b | X  |
| c 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 | X  |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | 24d | X  |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 | X  |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .  | 26  | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | 27  | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  | 28a | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .   | 28b | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .   | 28c | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  | 29  | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  | 30  | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  | 31  | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .  | 32  | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .  | 33  | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .   | 34  | X  |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  | 35  | X  |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .   | 36  | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .   | 37  | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 38  | X  |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [ ]

Table with columns for question number, question text, sub-questions (1a-14b), and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7) organizations, Form 501(c)(12) organizations, Form 4947(a)(1) non-exempt charitable trusts, Form 501(c)(29) qualified nonprofit health insurance issuers, and Form 720.



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

Check if Schedule O contains a response to any question 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A)<br>Name and Title                  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer, and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) THOMAS FRANKE<br>CHAIRMAN          | 5  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) KATHLEEN TARR<br>PRESIDENT         | 5  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) KATHIE MILLER<br>VICE PRESIDENT    | 2  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) KATHIE BOYER<br>EXECUTIVE DIRECTOR | 12   | X  |                       |         |              |                              |        | 33300  | 0   | 0   |
| (5) RICK BOYER<br>TRUSTEE              | 2  | X  |                       |         |              |                              |        | 13250  | 0   | 0   |
| (6) SUSAN COLLINS<br>TRUSTEE           | 2  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) BARBARA COOKE<br>TRUSTEE           | 2  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) TIM CULVER<br>TRUSTEE              | 2  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) JIM MELLUISH<br>TRUSTEE            | 2  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) BARRY PHILLIPS<br>TRUSTEE         | 2  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) MATTHEW SAMRA<br>TRUSTEE          | 2  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (12)                                   |  |  |                       |         |              |                              |        |  |   |   |
| (13)                                   |  |  |                       |         |              |                              |        |  |   |   |
| (14)                                   |  |  |                       |         |              |                              |        |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer, and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) -----   |  |  |                       |         |              |                              |        |  |   |   |
| (16) -----   |  |  |                       |         |              |                              |        |  |   |   |
| (17) -----   |  |  |                       |         |              |                              |        |  |   |   |
| (18) -----   |  |  |                       |         |              |                              |        |  |   |   |
| (19) -----   |  |  |                       |         |              |                              |        |  |   |   |
| (20) -----   |  |  |                       |         |              |                              |        |  |   |   |
| (21) -----   |  |  |                       |         |              |                              |        |  |   |   |
| (22) -----   |  |  |                       |         |              |                              |        |  |   |   |
| (23) -----   |  |  |                       |         |              |                              |        |  |   |   |
| (24) -----   |  |  |                       |         |              |                              |        |  |   |   |
| (25) -----   |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub Total</b> . . . . .  |  |  |                       |         |              |                              | 46550  |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |  |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |  |                       |         |              |                              | 46550  |  |   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .   | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .                       | 5   | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

| Part VIII  |   | Statement of Revenue  |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512, 513, or 514 |
|--|---|---|---------------|----------------------|--|---|---|
| Contributions, Gifts, Grants<br>and Other Similar Amounts              | 1a Federated campaigns . . . . .  | 1a  |               |                      |  |   |   |
|  | b Membership dues . . . . .   | 1b  |               |                      |  |   |   |
|  | c Fundraising events . . . . .  | 1c  |               |                      |  |   |   |
|  | d Related organizations . . . . .   | 1d  |               |                      |  |   |   |
|  | e Government grants (contributions)   | 1e  |               |                      |  |   |   |
|  | f All other contributions, gifts,<br>grants, and similar amounts not<br>included above . . . . .  | 1f  | 48588         |                      |  |   |   |
|  | g Noncash contributions included in lines 1a-1f \$  |   |               |                      |  |   |   |
|  | <b>h Total Add lines 1a-1f . . . . .</b>  |   |               | 48588                |  |   |   |
| Program Service Revenue  | 2a TICKET SALES RENTAL INCOME   | Business Code   |               | 132861               |  |   |   |
|  | b   |   |               |                      |  |   |   |
|  | c   |   |               |                      |  |   |   |
|  | d   |   |               |                      |  |   |   |
|  | e   |   |               |                      |  |   |   |
|  | f All other program service revenue . . . . .   |   |               |                      |  |   |   |
|  | <b>g Total Add lines 2a-2f . . . . .</b>  |   |               | 132861               |  |   |   |
| Other Revenue  | 3 Investment income (including dividends, interest,<br>and other similar amounts) . . . . .   |   |               |                      |  |   |   |
|  | 4 Income from investment of tax-exempt bond proceeds  |   |               |                      |  |   |   |
|  | 5 Royalties . . . . .   |   |               |                      |  |   |   |
|  | 6a Gross Rents . . . . .  | (i) Real  | (ii) Personal |                      |  |   |   |
|  |   | b Less rental expenses . . . . .                                |               |                      |  |   |   |
|  |   | c Rental income or (loss) . . . . .                             |               |                      |  |   |   |
|  |   | <b>d Net rental income or (loss) . . . . .</b>                  |               |                      |  |   |   |
|  | 7a Gross amount from sales<br>of assets other than<br>inventory . . . . .   | (i) Securities  | (ii) Other    |                      |  |   |   |
|  |   | b Less cost or other basis<br>and sales expenses . . . . .      |               |                      |  |   |   |
|  |   | c Gain or (loss) . . . . .                                      |               |                      |  |   |   |
|  |   | <b>d Net gain or (loss) . . . . .</b>                           |               |                      |  |   |   |
|  | 8a Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a   |               |                      |  |   |   |
|  |   | b Less direct expenses . . . . .                                | b             |                      |  |   |   |
|  |   | <b>c Net income or (loss) from fundraising events . . . . .</b> |               |                      |  |   |   |
|  | 9a Gross income from gaming activities<br>See Part IV, line 19 . . . . .  | a   |               | 14600                |  |   |   |
| b Less direct expenses . . . . .                                       |   | b   | 7800          |                      |  |   |   |
| <b>c Net income or (loss) from gaming activities . . . . .</b>         |   |   |               | 6800                 |  |   |   |
| 10a Gross sales of inventory, less<br>returns and allowances . . . . . | a   |   |               |                      |  |   |   |
|  | b Less cost of goods sold . . . . .   | b   |               |                      |  |   |   |
|  | <b>c Net income or (loss) from sales of inventory . . . . .</b>   |   |               |                      |  |   |   |
| Miscellaneous Revenue  |   | Business Code   |               |                      |  |   |   |
| 11a  |   |   |               |                      |  |   |   |
| b  |   |   |               |                      |  |   |   |
| c  |   |   |               |                      |  |   |   |
| d All other revenue . . . . .  |   |   |               |                      |  |   |   |
| <b>e Total Add lines 11a-11d . . . . .</b>                             |   |   |               |                      |  |   |   |
| <b>12 Total Revenue. See instructions . . . . .</b>                    |   |   |               | 188249               |  |   |   |

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program Service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . . . .  |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .   |                       |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  |                       |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| 7 Other salaries and wages . . . . .  | 61471                 | 61471                           |  |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .   |                       |                                 |  |                             |
| 9 Other employee benefits . . . . .   |                       |                                 |  |                             |
| 10 Payroll taxes . . . . .  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management . . . . .  |                       |                                 |  |                             |
| b Legal . . . . .   |                       |                                 |  |                             |
| c Accounting . . . . .  |                       |                                 |  |                             |
| d Lobbying . . . . .  |                       |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees . . . . .  |                       |                                 |  |                             |
| g Other . . . . .   |                       |                                 |  |                             |
| 12 Advertising and promotion . . . . .  | 11743                 | 11743                           |  |                             |
| 13 Office expenses . . . . .  | 12416                 | 12416                           |  |                             |
| 14 Information technology . . . . .   |                       |                                 |  |                             |
| 15 Royalties . . . . .  |                       |                                 |  |                             |
| 16 Occupancy . . . . .  | 54912                 | 54912                           |  |                             |
| 17 Travel . . . . .   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| 20 Interest . . . . .   |                       |                                 |  |                             |
| 21 Payments to affiliates . . . . .   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  | 51993                 | 51993                           |  |                             |
| 23 Insurance . . . . .  | 2869                  | 2869                            |  |                             |
| 24 Other expenses Itemize expenses not covered above (List misc expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )  |                       |                                 |  |                             |
| a CONCERT PRODUCTION OPERATIONS   | 11982                 | 11982                           |  |                             |
| b PERFORMANCE RELATED EXPENSES  | 17341                 | 17341                           |  |                             |
| c CONCERT SUPPLIES AND EXPENSES   | 36994                 | 36994                           |  |                             |
| d TABLE SET UP  | 25                    | 25                              |  |                             |
| e All other expenses  | 6489                  | 6489                            |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 268235                | 268235                          |  |                             |
| 26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|                             |   | (A)<br>Beginning of year  |        | (B)<br>End of year |        |
|-----------------------------|---|---|--------|--------------------|--------|
| Assets                      | 1   | Cash—non-interest-bearing . . . . .   | 12067  | 1                  | 1472   |
|                             | 2   | Savings and temporary cash investments . . . . .  |        | 2                  |        |
|                             | 3   | Pledges and grants receivable, net . . . . .  | 3918   | 3                  | 3643   |
|                             | 4   | Accounts receivable, net . . . . .  | 11422  | 4                  | 1815   |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .  |        | 5                  |        |
|                             | 6   | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . |        | 6                  |        |
|                             | 7   | Notes and loans receivable, net . . . . .   |        | 7                  |        |
|                             | 8   | Inventories for sale or use . . . . .   |        | 8                  |        |
|                             | 9   | Prepaid expenses and deferred charges . . . . .   |        | 9                  |        |
|                             | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 880971 |                    |        |
|                             | 10b   | Less accumulated depreciation . . . . .   | 368545 |                    |        |
|                             | 11  | Investments—publicly traded securities . . . . .  |        | 11                 |        |
|                             | 12  | Investments—other securities See Part IV, line 11 . . . . .   |        | 12                 |        |
|                             | 13  | Investments—program-related See Part IV, line 11 . . . . .  |        | 13                 |        |
|                             | 14  | Intangible assets . . . . .   |        | 14                 |        |
|                             | 15  | Other assets See Part IV, line 11 . . . . .   |        | 15                 |        |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  | 587854  | 16     | 519356             |        |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .   | 7906   | 17                 | 4394   |
|                             | 18  | Grants payable . . . . .  |        | 18                 |        |
|                             | 19  | Deferred revenue . . . . .  |        | 19                 |        |
|                             | 20  | Tax-exempt bond liabilities . . . . .   |        | 20                 |        |
|                             | 21  | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  |        | 21                 |        |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |        | 22                 |        |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties . . . . .  |        | 23                 |        |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties . . . . .  |        | 24                 | 15000  |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .  |        | 25                 |        |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 7906   | 26                 | 19394  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |        |                    |        |
|                             | 27  | Unrestricted net assets . . . . .   | 579948 | 27                 | 499962 |
|                             | 28  | Temporarily restricted net assets . . . . .   |        | 28                 |        |
|                             | 29  | Permanently restricted net assets . . . . .   |        | 29                 |        |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |        |                    |        |
|                             | 30  | Capital stock or trust principal, or current funds . . . . .  |        | 30                 |        |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund . . . . .  |        | 31                 |        |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds . . . . .  |        | 32                 |        |
| 33                          | <b>Total net assets or fund balances.</b> . . . . .   | 579948  | 33     | 499962             |        |
| 34                          | <b>Total liabilities and net assets/fund balances.</b> . . . . .  | 587854  | 34     | 519356             |        |

**Part XI Reconciliation of Net Assts**

Check if Schedule O contains a response to any question in this Part XI

|   |   |   |        |
|---|---|---|--------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)   | 1 | 188249 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)  | 2 | 268235 |
| 3 | Revenue less expenses Subtract line 2 from line 1   | 3 | -79986 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 579948 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)  | 5 |        |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 499962 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | X   |    |
| 2b | Were the organization's financial statements audited by an independent accountant?  |     | X  |
| 2c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                   |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
**MARSHALL CIVIC CENTER TRUST, INC**

Employer identification number  
**38-3636933**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. . . . .
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
    - (ii) A family member of a person described in (i) above? . . . . .
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                         |
| (A)                                |          |   |  |    |   |    |  |    |                         |
| (B)                                |          |   |  |    |   |    |  |    |                         |
| (C)                                |          |   |  |    |   |    |  |    |                         |
| (D)                                |          |   |  |    |   |    |  |    |                         |
| (E)                                |          |   |  |    |   |    |  |    |                         |
| <b>Total</b>                       |          |   |  |    |   |    |  |    |                         |

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.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total Support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2011; 15 Public support percentage from 2010 Schedule A; 16a 33 1/3% support test - 2011; 16b 33 1/3% support test - 2010; 17a 10% facts-and-circumstances test - 2011; 17b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

If the organization fails to qualify under the tests listed below, please complete Part II

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .   | 76118    | 46946    | 102173   | 89576    |          | 314813    |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   | 76118    | 46946    | 102173   | 89576    |          | 314813    |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public Support</b> (Subtract line 7c from line 6 )   |          |          |          |          |          | 314813    |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  | 76118    | 46946    | 102173   | 89576    |          | 314813    |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) . . . . .                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 ) . . . . .  | 76118    | 46946    | 102173   | 89576    |          | 314813    |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|  |           |         |   |
|--|-----------|---------|---|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | 100.000 | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | 100.000 | % |

**Section D. Computation of Investment Income Percentage**

|  |           |  |   |
|--|-----------|--|---|
| <b>17</b> Investment income percentage for 2011 (line 10c column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  | % |
| <b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .                       | <b>18</b> |  | % |

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

MARSHALL CIVIC CENTER TRUST, INC

38-3636933

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of an historically important land area
- Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 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?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the year end balance (line 1g) held as
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" to 3a (ii), are the related organizations listed as required on Schedule R? | 3b     |    |

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      | 880971                          | 368545                       | 512426         |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      |                                 |                              |                |
| <b>TOTAL</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10 (c)) |                                      |                                 |                              | 512426         |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .                                     |                |   |
| (2) Closely-held equity interests . . . . .                             |                |   |
| (3) Other . . . . .   |                |   |
| (A) . . . . .   |                |   |
| (B) . . . . .   |                |   |
| (C) . . . . .   |                |   |
| (D) . . . . .   |                |   |
| (E) . . . . .   |                |   |
| (F) . . . . .   |                |   |
| (G) . . . . .   |                |   |
| (H) . . . . .   |                |   |
| (I) . . . . .   |                |   |
| Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶       |                |   |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

| (a) Description of investment type                                | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| Total (Column (b) must equal Form 990, Part X, col (B) line 15) . . . . . ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25

| 1 (a) Description of Liability                                    | (b) Amount |
|---|------------|
| (1) Federal Income Taxes  |            |
| (2)   |            |
| (3)   |            |
| (4)   |            |
| (5)   |            |
| (6)   |            |
| (7)   |            |
| (8)   |            |
| (9)   |            |
| (10)  |            |
| (11)  |            |
| Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ |            |

2 FIN 48(ASC 740)Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48(ASC 740)







**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events | (d) Total Events              |
|-----------------|----|--|--------------|------------------|-------------------------------|
|                 |    | RAFFLE TICKET SALE<br>(event type)                                     | (event type) | (total number)   | (add col (a) through col (c)) |
| Revenue         | 1  | Gross receipts . . . . .   | 14600        |                  | 14600                         |
|                 | 2  | Less Charitable contributions . . . . .                                |              |                  |                               |
|                 | 3  | Gross revenue (line 1 minus line 2) . . . . .                          | 14600        |                  | 14600                         |
| Direct Expenses | 4  | Cash prizes . . . . .  |              |                  |                               |
|                 | 5  | Noncash prizes . . . . .   |              |                  |                               |
|                 | 6  | Rent/facility costs . . . . .  |              |                  |                               |
|                 | 7  | Food and beverages . . . . .   |              |                  |                               |
|                 | 8  | Entertainment . . . . .  |              |                  |                               |
|                 | 9  | Other direct expenses . . . . .  | 7800         |                  | 7800                          |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |              |                  | ( 7800 )                      |
|                 | 11 | Net income summary Combine line 3, column(d), and line 10 . . . . . ▶  |              |                  | 6800                          |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

|                 |  | (a) Bingo                       | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col (a) through col (c))                      |
|-----------------|--|---------------------------------|---|---|---|
|                 |  | 1                               | Gross revenue . . . . .   |   |   |
| Direct Expenses | 2  | Cash prizes . . . . .           |   |   |   |
|                 | 3  | Noncash prizes . . . . .        |   |   |   |
|                 | 4  | Rent/facility costs . . . . .   |   |   |   |
|                 | 5  | Other direct expenses . . . . . |   |   |   |
|                 | 6  | Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶     |                                 |   |   | ( )   |
| 8               | Net gaming income summary Combine line 1, column d, and line 7 . . . . . ▶ |                                 |   |   |   |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain \_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the Organization

MARSHALL CIVIC CENTER TRUST, INC

Employer Identification number

38-3636933

**Part I Questions Regarding Compensation**

|   | Yes       | No |
|---|-----------|----|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p> |           |    |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>  | <b>1b</b> | X  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .</p>  | <b>2</b>  | X  |
| <p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract<br/> <input type="checkbox"/> Independent compensation consultant                      <input type="checkbox"/> Compensation survey or study<br/> <input type="checkbox"/> Form 990 of other organizations                              <input type="checkbox"/> Approval by the board or compensation committee                 </p>  |           |    |
| <p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>  |           | X  |
| <p><b>a</b> Receive a severance payment or change-of-control payment?</p>   | <b>4a</b> | X  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>   | <b>4b</b> | X  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>   | <b>4c</b> |    |
| <p><b>Only Section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b></p>   |           |    |
| <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>  |           | X  |
| <p><b>a</b> The organization? . . . . .</p>   | <b>5a</b> | X  |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>   | <b>5b</b> |    |
| <p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>  |           | X  |
| <p><b>a</b> The organization? . . . . .</p>   | <b>6a</b> | X  |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>   | <b>6b</b> |    |
| <p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>  | <b>7</b>  | X  |
| <p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>   | <b>8</b>  | X  |
| <p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>  | <b>9</b>  |    |

**Part II: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

|    | (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|----|----------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|    |          | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1  |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 2  |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 3  |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 4  |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 5  |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 6  |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 7  |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 8  |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 9  |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 10 |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 11 |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 12 |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 13 |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 14 |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 15 |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 16 |          | (i)  |                                     |                                     |  |                         |                                 |   |
|    |          | (ii)   |                                     |                                     |  |                         |                                 |   |

**Part II** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1b - NONE OF THE ITEMS WERE PROVIDED.

Area with horizontal dashed lines for supplemental information.

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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

MARSHALL CIVIC CENTER TRUST, INC

38-3636933

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST IN EITHER A PRINTED OR ELECTRONIC FORMAT

PART VI, SECTION B, LINE 11

THE FINANCIAL ACTIVITIES OF THE ORGANIZATION ARE REVIEWED BY THE FULL

BOARD ON A MONTHLY BASIS FORM 990 IS SUBMITTED TO THE BOARD ON AN

ANNUAL BASIS FOR APPROVAL PRIOR TO FILING

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

|  |   |            |   |
|--|---|------------|---|
| Name(s) shown on return<br><b>MARSHALL CIVIC CENTER TRUST, INC</b> | Business or activity to which this form relates<br><b>FORM 4562</b> | <b>0 1</b> | Identifying number<br><b>38-3636933</b> |
|--|---|------------|---|

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

|  |           |  |
|--|-----------|--|
| 1 Maximum amount (see instructions)  | <b>1</b>  |  |
| 2 Total cost of section 179 property placed in service (see instructions)  | <b>2</b>  |  |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)   | <b>3</b>  |  |
| 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-  | <b>4</b>  |  |
| 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | <b>5</b>  |  |
| <b>6 (a) Description of property (b) Cost (business use only) (c) Elected cost</b>   |           |  |
|  |           |  |
|  |           |  |
| 7 Listed property. Enter the amount from line 29   | <b>7</b>  |  |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7   | <b>8</b>  |  |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8   | <b>9</b>  |  |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562   | <b>10</b> |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)                    | <b>11</b> |  |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | <b>12</b> |  |
| 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶   | <b>13</b> |  |

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

|  |           |       |
|--|-----------|-------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | <b>14</b> |       |
| 15 Property subject to section 168(f)(1) election  | <b>15</b> |       |
| 16 Other depreciation (including ACRS)   | <b>16</b> | 51993 |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|   |           |  |
|---|-----------|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011   | <b>17</b> |  |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |           |  |

**Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a) Classification of property        | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| <b>19a</b> 3-year property            |                                      |  |                     |                |            |                            |
| <b>b</b> 5-year property              |                                      |  |                     |                |            |                            |
| <b>c</b> 7-year property              |                                      |  |                     |                |            |                            |
| <b>d</b> 10-year property             |                                      |  |                     |                |            |                            |
| <b>e</b> 15-year property             |                                      |  |                     |                |            |                            |
| <b>f</b> 20-year property             |                                      |  |                     |                |            |                            |
| <b>g</b> 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| <b>h</b> Residential rental property  |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
|                                       |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| <b>i</b> Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |
|                                       |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

|                       |  |  |        |    |     |  |
|-----------------------|--|--|--------|----|-----|--|
| <b>20a</b> Class life |  |  |        |    |     |  |
| <b>b</b> 12-year      |  |  | 12 yrs |    | S/L |  |
| <b>c</b> 40-year      |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions.)**

|  |           |       |
|--|-----------|-------|
| 21 Listed property. Enter amount from line 28  | <b>21</b> |       |
| 22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | <b>22</b> | 51993 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | <b>23</b> |       |

STATEMENT OF DEPRECIATION FOR: 38-3636933 SCHEDULE: 01

| Description of Property | Date Acquired | Cost or other Basis | Sec 179 | Bonus Deprec | Basis  | Accum Deprec | Method Used | Life or Rate | Deprec for 2011 | ADS Deprec for 2011 | Next Year's Deprec |
|-------------------------|---------------|---------------------|---------|--------------|--------|--------------|-------------|--------------|-----------------|---------------------|--------------------|
| ARTWORK SUPPLIES        | 12/07/01      | 250                 |         |              | 250    | 250          | SL          | 5 0          |                 |                     |                    |
| CIVIC CENTER BUILD      | 12/07/01      | 155000              |         |              | 155000 | 70396        | SL          | 20 0         | 7750            | 7750                | 7750               |
| MISC TABLE CHAIRS       | 12/15/01      | 418                 |         |              | 418    | 418          | SL          | 5 0          |                 |                     |                    |
| MISC BUILDING SUPP      | 03/22/02      | 1275                |         |              | 1275   | 1118         | SL          | 10 0         | 85              | 85                  |                    |
| ROUND TABLES            | 05/04/02      | 1855                |         |              | 1855   | 1610         | SL          | 10 0         | 186             | 155                 |                    |
| MURAL                   | 05/12/02      | 1000                |         |              | 1000   | 933          | SL          | 5 0          |                 |                     |                    |
| TILE WORK               | 05/27/02      | 2943                |         |              | 2943   | 1262         | SL          | 20 0         | 147             | 147                 | 147                |
| EMERGENCY EXIT LIG      | 06/19/02      | 4177                |         |              | 4177   | 2365         | SL          | 15 0         | 278             | 278                 | 278                |
| CORDING FOR STANCH      | 06/19/02      | 167                 |         |              | 167    | 150          | SL          | 5 0          |                 |                     |                    |
| KITCHEN HOOD SETUP      | 08/13/02      | 398                 |         |              | 398    | 358          | SL          | 5 0          |                 |                     |                    |
| AIR CONDITIONER         | 08/17/02      | 356                 |         |              | 356    | 321          | SL          | 5 0          |                 |                     |                    |
| TABLES                  | 08/29/02      | 980                 |         |              | 980    | 816          | SL          | 10 0         | 98              | 98                  | 8                  |
| PIANO REPAIR            | 09/28/02      | 2923                |         |              | 2923   | 2631         | SL          | 5 0          |                 |                     |                    |
| PUNCH BOWL GLASSWA      | 09/29/02      | 229                 |         |              | 229    | 206          | SL          | 5 0          |                 |                     |                    |
| FIRE EXTINGUISHER       | 10/30/02      | 1876                |         |              | 1876   | 1688         | SL          | 5 0          |                 |                     |                    |
| PAINT AND ART SUPP      | 11/13/02      | 1169                |         |              | 1169   | 1052         | SL          | 5 0          |                 |                     |                    |
| ARCHITECTURAL SERV      | 12/01/02      | 36753               |         |              | 36753  | 14856        | SL          | 20 0         | 1838            | 1838                | 1838               |
| FIRE ALARM SYSTEM       | 12/01/02      | 10000               |         |              | 10000  | 8083         | SL          | 10 0         | 1000            | 1000                | 417                |
| HVAC SYSTEM             | 12/15/02      | 30000               |         |              | 30000  | 16167        | SL          | 15 0         | 2000            | 2000                | 2000               |
| PAINTING SERVICES       | 12/18/02      | 10045               |         |              | 10045  | 9041         | SL          | 5 0          |                 |                     |                    |
| HANDYMAN SERVICES       | 01/06/03      | 595                 |         |              | 595    | 478          | SL          | 10 0         | 60              | 60                  | 30                 |
| MCCARTHY CARPENTRY      | 01/26/03      | 826                 |         |              | 826    | 326          | SL          | 20 0         | 41              | 41                  | 41                 |
| PHASE 1 RESTORATIO      | 02/10/03      | 20970               |         |              | 20970  | 8303         | SL          | 20 0         | 1049            | 1049                | 1049               |
| BUILDING REPAIRS        | 02/20/03      | 6535                |         |              | 6535   | 5121         | SL          | 10 0         | 654             | 654                 | 381                |
| CARL ENGINEERING        | 03/06/03      | 39904               |         |              | 39904  | 15628        | SL          | 20 0         | 1995            | 1995                | 1995               |
| MICROWAVE               | 03/13/03      | 65                  |         |              | 65     | 59           | SL          | 5 0          |                 |                     |                    |
| BUILDING RESTORATI      | 03/27/03      | 46615               |         |              | 46615  | 18064        | SL          | 20 0         | 2331            | 2331                | 2331               |
| BUILDING RESTORATI      | 05/10/03      | 54798               |         |              | 54798  | 21006        | SL          | 20 0         | 2740            | 2740                | 2740               |
| BUILDING RESTORATI      | 05/26/03      | 388                 |         |              | 388    | 145          | SL          | 20 0         | 19              | 19                  | 19                 |
| PIANO LOCK AND COV      | 06/16/03      | 165                 |         |              | 165    | 149          | SL          | 5 0          |                 |                     |                    |
| OLDS HEATING            | 06/30/03      | 1001                |         |              | 1001   | 375          | SL          | 20 0         | 50              | 50                  | 50                 |
| PHASE 1 RESTORATIO      | 07/10/03      | 24519               |         |              | 24519  | 9195         | SL          | 20 0         | 1226            | 1226                | 1226               |
| CARD TABLES             | 07/10/03      | 319                 |         |              | 319    | 240          | SL          | 10 0         | 32              | 32                  | 32                 |
| BUILDING REPAIRS        | 08/09/03      | 304                 |         |              | 304    | 224          | SL          | 10 0         | 30              | 30                  | 30                 |
| CARL ENGINEERING        | 09/12/03      | 20433               |         |              | 20433  | 7494         | SL          | 20 0         | 1022            | 1022                | 1022               |
| OLDS HEATING            | 09/12/03      | 24030               |         |              | 24030  | 8813         | SL          | 20 0         | 1202            | 1202                | 1202               |
| BUILDING RESTORATI      | 09/21/03      | 296                 |         |              | 296    | 108          | SL          | 20 0         | 15              | 15                  | 15                 |
| PAINT RENOVATION        | 10/05/03      | 203                 |         |              | 203    | 146          | SL          | 10 0         | 20              | 20                  | 20                 |
| BUILDING REPAIR         | 10/14/03      | 300                 |         |              | 300    | 218          | SL          | 10 0         | 30              | 30                  | 30                 |
| PAINT SUPPLIES          | 10/27/03      | 163                 |         |              | 163    | 147          | SL          | 5 0          |                 |                     |                    |
| BUILDING RENOVATIO      | 12/03/03      | 29922               |         |              | 29922  | 10597        | SL          | 20 0         | 1496            | 1496                | 1496               |
| BUILDING RENOVATIO      | 12/22/03      | 13738               |         |              | 13738  | 4809         | SL          | 20 0         | 687             | 687                 | 687                |
| CAPITALIZED INTERE      | 12/31/03      | 8858                |         |              | 8858   | 3101         | SL          | 20 0         | 443             | 443                 | 443                |
| BUILDING RENOVATIO      | 12/31/03      | 7951                |         |              | 7951   | 2785         | SL          | 20 0         | 398             | 398                 | 398                |
| PLASTER WORK RENOV      | 01/03/04      | 1700                |         |              | 1700   | 595          | SL          | 20 0         | 85              | 85                  | 85                 |
| RENOVATION PAINTIN      | 01/10/04      | 716                 |         |              | 716    | 251          | SL          | 20 0         | 36              | 36                  | 36                 |
| THEATER SEATING         | 01/12/04      | 10000               |         |              | 10000  | 3500         | SL          | 20 0         | 500             | 500                 | 500                |
| RENOVATION WORK         | 01/12/04      | 1246                |         |              | 1246   | 435          | SL          | 20 0         | 62              | 62                  | 62                 |
| REFINISH HARDWOOD       | 01/16/04      | 10402               |         |              | 10402  | 3597         | SL          | 20 0         | 520             | 520                 | 520                |
| OUTDOOR SIGN            | 01/22/04      | 1332                |         |              | 1332   | 462          | SL          | 20 0         | 67              | 67                  | 67                 |
| BUILDING RENOVATIO      | 01/22/04      | 3186                |         |              | 3186   | 1101         | SL          | 20 0         | 159             | 159                 | 159                |
| BUILDING RENOVATIO      | 02/04/04      | 4345                |         |              | 4345   | 1502         | SL          | 20 0         | 217             | 217                 | 217                |
| STAGE CURTAIN FABR      | 02/09/04      | 2244                |         |              | 2244   | 775          | SL          | 20 0         | 112             | 112                 | 112                |
| LAMINATE KITCHEN        | 02/09/04      | 541                 |         |              | 541    | 187          | SL          | 20 0         | 27              | 27                  | 27                 |
|                         |               |                     |         |              |        |              |             |              |                 |                     |                    |
|                         |               |                     |         |              |        |              |             |              |                 |                     |                    |

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STATEMENT OF STATE DEPRECIATION FOR: 38-3636933 SCHEDULE: 01  
 TO BE USED ONLY IF STATE DOES NOT ALLOW SPECIAL DEPRECIATION

| Description of Property | Date Acquired | Cost or other Basis | Sec 179 | Bonus Deprec | Basis  | Accum Deprec | Method Used | Life or Rate | Deprec for 2011 | ADS Deprec for 2011 | Next Year's Deprec |
|-------------------------|---------------|---------------------|---------|--------------|--------|--------------|-------------|--------------|-----------------|---------------------|--------------------|
| ARTWORK SUPPLIES        | 12/07/01      | 250                 |         |              | 250    | 250          | SL          | 5.0          |                 |                     |                    |
| CIVIC CENTER BUILDIN    | 12/07/01      | 155000              |         |              | 155000 | 70396        | SL          | 20 0         | 7750            |                     | 7750               |
| MISC TABLE CHAIRS       | 12/15/01      | 418                 |         |              | 418    | 418          | SL          | 5 0          |                 |                     |                    |
| MISC BUILDING SUPPLI    | 03/22/02      | 1275                |         |              | 1275   | 1118         | SL          | 10 0         | 85              |                     |                    |
| ROUND TABLES            | 05/04/02      | 1855                |         |              | 1855   | 1610         | SL          | 10 0         | 186             |                     |                    |
| MURAL                   | 05/12/02      | 1000                |         |              | 1000   | 933          | SL          | 5 0          |                 |                     |                    |
| TILE WORK               | 05/27/02      | 2943                |         |              | 2943   | 1262         | SL          | 20 0         | 147             |                     | 147                |
| EMERGENCY EXIT LIGHT    | 06/19/02      | 4177                |         |              | 4177   | 2365         | SL          | 15 0         | 278             |                     | 278                |
| CORDING FOR STANCH      | 06/19/02      | 167                 |         |              | 167    | 150          | SL          | 5 0          |                 |                     |                    |
| KITCHEN HOOD SETUP      | 08/13/02      | 398                 |         |              | 398    | 358          | SL          | 5 0          |                 |                     |                    |
| AIR CONDITIONER         | 08/17/02      | 356                 |         |              | 356    | 321          | SL          | 5 0          |                 |                     |                    |
| TABLES                  | 08/29/02      | 980                 |         |              | 980    | 816          | SL          | 10 0         | 98              |                     | 8                  |
| PIANO REPAIR            | 09/28/02      | 2923                |         |              | 2923   | 2631         | SL          | 5 0          |                 |                     |                    |
| PUNCH BOWL GLASSWARE    | 09/29/02      | 229                 |         |              | 229    | 206          | SL          | 5 0          |                 |                     |                    |
| FIRE EXTINGUISHER       | 10/30/02      | 1876                |         |              | 1876   | 1688         | SL          | 5 0          |                 |                     |                    |
| PAINT AND ART SUPPLI    | 11/13/02      | 1169                |         |              | 1169   | 1052         | SL          | 5 0          |                 |                     |                    |
| ARCHITECTURAL SERVIC    | 12/01/02      | 36753               |         |              | 36753  | 14856        | SL          | 20 0         | 1838            |                     | 1838               |
| FIRE ALARM SYSTEM       | 12/01/02      | 10000               |         |              | 10000  | 8083         | SL          | 10 0         | 1000            |                     | 417                |
| HVAC SYSTEM             | 12/15/02      | 30000               |         |              | 30000  | 16167        | SL          | 15 0         | 2000            |                     | 2000               |
| PAINTING SERVICES       | 12/18/02      | 10045               |         |              | 10045  | 9041         | SL          | 5 0          |                 |                     |                    |
| HANDYMAN SERVICES       | 01/06/03      | 595                 |         |              | 595    | 478          | SL          | 10 0         | 60              |                     | 30                 |
| MCCARTHY CARPENTRY      | 01/26/03      | 826                 |         |              | 826    | 326          | SL          | 20 0         | 41              |                     | 41                 |
| PHASE 1 RESTORATION     | 02/10/03      | 20970               |         |              | 20970  | 8303         | SL          | 20 0         | 1049            |                     | 1049               |
| BUILDING REPAIRS        | 02/20/03      | 6535                |         |              | 6535   | 5121         | SL          | 10 0         | 654             |                     | 381                |
| CARL ENGINEERING        | 03/06/03      | 39904               |         |              | 39904  | 15628        | SL          | 20 0         | 1995            |                     | 1995               |
| MICROWAVE               | 03/13/03      | 65                  |         |              | 65     | 59           | SL          | 5 0          |                 |                     |                    |
| BUILDING RESTORATION    | 03/27/03      | 46615               |         |              | 46615  | 18064        | SL          | 20 0         | 2331            |                     | 2331               |
| BUILDING RESTORATION    | 05/10/03      | 54798               |         |              | 54798  | 21006        | SL          | 20 0         | 2740            |                     | 2740               |
| BUILDING RESTORATION    | 05/26/03      | 388                 |         |              | 388    | 164          | SL          | 20 0         | 19              |                     | 19                 |
| PIANO LOCK AND COVER    | 06/16/03      | 165                 |         |              | 165    | 149          | SL          | 5 0          |                 |                     |                    |
| OLDS HEATING            | 06/30/03      | 1001                |         |              | 1001   | 375          | SL          | 20 0         | 50              |                     | 50                 |
| PHASE 1 RESTORATION     | 07/10/03      | 24519               |         |              | 24519  | 9195         | SL          | 20.0         | 1226            |                     | 1226               |
| CARD TABLES             | 07/10/03      | 319                 |         |              | 319    | 240          | SL          | 10 0         | 32              |                     | 32                 |
| BUILDING REPAIRS        | 08/09/03      | 304                 |         |              | 304    | 224          | SL          | 10 0         | 30              |                     | 30                 |
| CARL ENGINEERING        | 09/12/03      | 20433               |         |              | 20433  | 7494         | SL          | 20 0         | 1022            |                     | 1022               |
| OLDS HEATING            | 09/12/03      | 24030               |         |              | 24030  | 8813         | SL          | 20 0         | 1202            |                     | 1202               |
| BUILDING RESTORATION    | 09/21/03      | 296                 |         |              | 296    | 108          | SL          | 20 0         | 15              |                     | 15                 |
| PAINT RENOVATION        | 10/05/03      | 203                 |         |              | 203    | 146          | SL          | 10 0         | 20              |                     | 20                 |
| BUILDING REPAIR         | 10/14/03      | 300                 |         |              | 300    | 218          | SL          | 10 0         | 30              |                     | 30                 |
| PAINT SUPPLIES          | 10/27/03      | 163                 |         |              | 163    | 147          | SL          | 5 0          |                 |                     |                    |
| BUILDING RENOVATION     | 12/03/03      | 29922               |         |              | 29922  | 10597        | SL          | 20 0         | 1496            |                     | 1496               |
| BUILDING RENOVATION     | 12/22/03      | 13738               |         |              | 13738  | 4809         | SL          | 20 0         | 687             |                     | 687                |
| CAPITALIZED INTEREST    | 12/31/03      | 8858                |         |              | 8858   | 3101         | SL          | 20 0         | 443             |                     | 443                |
| BUILDING RENOVATIONS    | 12/31/03      | 7951                |         |              | 7951   | 2785         | SL          | 20 0         | 398             |                     | 398                |
| PLASTER WORK RENOVAT    | 01/03/04      | 1700                |         |              | 1700   | 595          | SL          | 20 0         | 85              |                     | 85                 |
| RENOVATION PAINTING     | 01/10/04      | 716                 |         |              | 716    | 251          | SL          | 20 0         | 36              |                     | 36                 |
| THEATER SEATING         | 01/12/04      | 10000               |         |              | 10000  | 3500         | SL          | 20 0         | 500             |                     | 500                |
| RENOVATION WORK         | 01/12/04      | 1246                |         |              | 1246   | 435          | SL          | 20 0         | 62              |                     | 62                 |
| REFINISH HARDWOOD       | 01/16/04      | 10402               |         |              | 10402  | 3597         | SL          | 20 0         | 520             |                     | 520                |
| OUTDOOR SIGN            | 01/22/04      | 1332                |         |              | 1332   | 462          | SL          | 20 0         | 67              |                     | 67                 |
| BUILDING RENOVATIONS    | 01/22/04      | 3186                |         |              | 3186   | 1101         | SL          | 20 0         | 159             |                     | 159                |
| BUILDING RENOVATIONS    | 02/04/04      | 4345                |         |              | 4345   | 1502         | SL          | 20 0         | 217             |                     | 217                |
| STAGE CURTAIN FABRIC    | 02/09/04      | 2244                |         |              | 2244   | 775          | SL          | 20 0         | 112             |                     | 112                |
| LAMINATE KITCHEN        | 02/09/04      | 541                 |         |              | 541    | 187          | SL          | 20 0         | 27              |                     | 27                 |
|                         |               |                     |         |              |        |              |             |              |                 |                     |                    |
|                         |               |                     |         |              |        |              |             |              |                 |                     |                    |

