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Department of the Treasury Internal Revenue Service

### **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)

Inspection

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

Open to Public

OMB No 1545-0047

<u> </u>	or th	e 2012 calendar year, or tax year beginning $$ JUL $1$ , $2012$ $$ and ending	<u>JUN 30,</u>	<u> 2013</u>	
Вс	heck if	C Name of organization	D Employer	identifi	cation number
а		Community Theatre Building Corporation			
	Addre chang	ss   s			
	]Name ]chang	Doing Business As		42-6	074882
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uite E Telephone	numbe	r
	Termi ated			319-	896-7792
X	Amen	ded C	G Gross receipts		1,782,460.
	Application		H(a) Is this a	group re	
	pendi	F Name and address of principal officer Pat Deignan	for affilia	-	Yes X No
		221 Third Ave. SE, Ste. 150, Cedar Rapids,	I H(b) Are all aff	liates inc	
ΙT	ax·ex	empt status X 501(c)(3)			list (see instructions)
		te: NA	H(c) Group e		
					A State of legal domicile: IA
	rt I	Summary	out of formation, as		
_	1	Briefly describe the organization's mission or most significant activities: Communit	v Theater	Bui	lding Corp.
- Se		owns real estate which serves as a facility			
Activities & Governance	2	Check this box  if the organization discontinued its operations or disposed of i			
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	17
න් ගු	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
itie	6	Total number of volunteers (estimate if necessary)		6	17
cţi		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ă		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		The difficiated business taxable income from 10th 1000 1, line 04	Prior Year		Current Year
_	8	Contributions and grants (Part VIII, line 1h)	123,	823	1,717,265.
Revenue		Program service revenue (Part VIII, line 2g)	218,		0.
ver		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	244,		65,195.
Re			244,	0.	05,195.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	586,		1,782,460.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		000.	145,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,		0.
		Benefits paid to or for members (Part IX, column (A), line 4)		<u>0.</u>	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11(e)  Total fundraising expenses (Part IX, column (D) line 25)		0.	0.
ĕ	16а	Professional fundraising fees (Part IX, column ta) fine Title		0.	<u>U•</u>
Ä			215		201 057
		Other expenses (Part IX, column (A) times 11a-11d, 11f-24e)	315,		301,957.
		Total expenses Add lines 13-17 (must equal ਇat ເX) country (໗໗), line 25)	350,		446,957.
- S	19	Heverlac less expenses Cubitact the addition line 12	235,		1,335,503.
Assets or Balances		1 OGDEN HT 1	Beginning of Curre		End of Year
Sse			8,885,		9,935,891.
in et		Total liabilities (Part X, line 26)	377,		0.
		Net assets or fund balances Subtract line 21 from line 20	8,508,	794.	9,935,891.
<u>्.ғ—</u>	rt II	Signature Block			<del></del>
_		lities of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			<del>_</del>
n Sigr		Signature of officer		-25-1	<u>3</u>
Sigr	1		Date		
Here	•	Pat Deignan, Director			
		Type or print name and title	15		71 0711
>		Print/Type preparer's name	Date	Check L	PTIN
Paid		Donald L. Johnson	11-25-13	self employ	
Prep		Firm's name Shuttleworth & Ingersoll, P.L.C.	Fırm's	EIN 🛌	42-1496619
∑Use (	Only	Firm's address PO Box 2107			
		Cedar Rapids, IA 52406-2107	Phone	no. <b>(</b>	<u>319) 365-9461</u>
May	tha II	25 discuss this raturn with the preparer shows above? (see instructions)			Y Voc No

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

423,205.

Form 990 (2012)

4e Total program service expenses

Page 3

`			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_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 98-197 If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a_		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
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, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990 (	20121

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Х United States on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х column (A), line 2? If "Yes," complete Schedule I. Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 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 X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disgualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 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 X 27 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) X 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 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 Х 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N. Part I 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 38

Form 990 (2012)

Note. All Form 990 filers are required to complete Schedule O

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ĺ
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ĺ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			İ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	igsquare	_ X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b></b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		.	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			i
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<b>  </b>	
10	Section 501(c)(7) organizations. Enter			i
а	Initiation fees and capital contributions included on Part VIII, line 12			i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		. 1	
11	Section 501(c)(12) organizations. Enter		. !	
а	Gross income from members or shareholders		. [	i
b	Gross income from other sources (Do not net amounts due or paid to other sources against		. [	:
	amounts due or received from them )		. !	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year    12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	, ———	
	Note. See the instructions for additional information the organization must report on Schedule O			ł
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		.	
	Enter the amount of reserves on hand	<b> </b>		
	5	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Community Theatre Building Corporation

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response to any question in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	<u>7</u> ]		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			i		
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	1	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ect supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 w	as filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	poin	t one or			
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockl	nolders, or			
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by 1	he followina:			
а	The governing body?	,	3	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ue Code )			
	the members of	37011			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	nante	rs affiliates	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	iapic	ro, armatoo,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v hef	ore filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	y Dei	ore ming the form.	IIa		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			120	х	
12a	- · · · · · · · · · · · · · · · · · · ·	to oo	nflicte?	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12b		
С	in Schedule O how this was done	es, c	Jescribe	100		v
12				12c		X
13	Did the organization have a written whistleblower policy?			13	-	X
14	Did the organization have a written document retention and destruction policy?	. 1 1		14		
15	Did the process for determining compensation of the following persons include a review and approve	ai Dy	naepenaent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.		v
	The organization's CEO, Executive Director, or top management official			15a		X
D	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	me				
103	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent	with a	1		v
	taxable entity during the year?			16a		X
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nızatı	on's	1		
200	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sec	tion 501(c)(3)s only	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict	of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books are	nd re	cords of the organiz	ation	<b>-</b>	
	Bonnie Beardsworth - 319-360-6613	•				
32006	222 Third Avenue SE Suite 299, Cedar Rapids, IA 5	240	<u>)1</u>			
2 10	^			Fore	1990	(2012)

Attn: Pat Deignan

42-6074882

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## Part VII Compensation of Officers, Directors, Trustèes, 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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	Uiga 	111126		C)	пре	isai	(D)	(E)	(F)
Name and Title	Average hours per week	юòх	not c , unle	Pos heck ss pe	ition more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	. Боттет	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Richard S. Fry Director	1.00	x						0.	0.	0.
(2) Diane Ramsey Director	1.00	х						0.	0.	0.
(3) Robert F. Kazimour Director	1.00	х						0.	0.	0.
(4) Sally Novetzke Director	1.00	х						0.	0.	0.
(5) Sarah H. Richardson Director	1.00	х						0.	0.	0.
(6) Mary Day Director	1.00	x					<b>!</b>	0.	0.	0.
(7) John D. Ballard Director	1.00	х						0.	0.	0.
(8) Terry Abernathy Director	1.00	х						0.	0.	0.
(9) Marc Gullickson Director	1.00	х						0.	0.	0.
(10) James F. Kern Director	1.00	Х						0.	0.	0.
(11) Bill Munsell Director	1.00	х						0.	0.	0.
(12) Randy Rings Director	1.00	x						0.	0.	0.
(13) Pat Deignan Director	1.00	х						0.	0.	0.
(14) Lisa McGrath Director	1.00	X						0.	0.	0.
(15) Dina Linge Director	1.00	х						0.	0.	0.
(16) Bradd Brown Director	1.00	х						0.	0.	0.
(17) Toby Lawrence Director	1.00	х						0.	0.	0.
232007 12-10 12										Form 990 (2012)

Form **990** (2012)

42-6074882 Page 8

` (A)	(B)				2)			compensated Employe (D)	(E)		(F)	
Name and title	Average	١,,,		Pos				Reportable	Reportable	E	stimat	ed
	hours per	box	not c , unle	ss pe	rson	ıs bot	h an	compensation	compensation	aı	mount	of
	week		cer an	ia a a	recto	orrtrus	tee)	from	from related		othe	
	(list any hours for	recto						the	organizations (W-2/1099-MISC)	j .	npens rom th	
	related	e or d	ite			sated		organization (W-2/1099-MISC)	(44-2/1099-14130)	i	ganıza	
•	organizations	truste	al trus		ye y	шрег		(** 27 1000 111100)		1	d rela	
	below	Individual trustee or director	institutional trustee	   =	Key employee	Highest compensated employee	   <u>=</u>			1	anızat	
	line)	휼	instri	Officer	Key	Hgh	Former					
(18) Lydia Brown	1.00								_			_
Director	1 20	X	<u> </u>		<u> </u>	<u> </u>		0.	0.	<del> </del>		0
(19) Dick Meisterling	1.00								0			^
Director		Х	-	_	<u> </u>		ļ	0.	0.	-		0
		1							•			
		<del> </del>	<u> </u>				<u> </u>		<u> </u>	<del>                                     </del>	-	
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												0
1b Sub-total						$\blacktriangleright$		0.	0.			
1b Sub-total c Total from continuation sheets to Par	t VII, Section A					<b>&gt;</b>		0.	0.			0.
c Total from continuation sheets to Par d Total (add lines 1b and 1c)						<b>&gt; &gt;</b>		0.	0.			
<ul> <li>c Total from continuation sheets to Par</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including be</li> </ul>	ut not limited to th	nose	liste	ed at	DOV6	> > > e) wh	no re	0.	0.			0
c Total from continuation sheets to Par d Total (add lines 1b and 1c)	ut not limited to th	nose	liste	ed at	DOVE	<b>▶ ▶</b> e) wh	no re	0.	0.		Yes	0
<ul> <li>Total from continuation sheets to Pard Total (add lines 1b and 1c)</li> <li>Total number of individuals (including be compensation from the organization</li> </ul>	ut not limited to th							0. 0. eceived more than \$100	0 . 0 . ,000 of reportable		Yes	0
c Total from continuation sheets to Par d Total (add lines 1b and 1c)  2 Total number of individuals (including be compensation from the organization)  3 Did the organization list any former office	ut not limited to the	uste						0. 0. eceived more than \$100	0 . 0 . ,000 of reportable		Yes	0 0 0 No
<ul> <li>Total from continuation sheets to Pard Total (add lines 1b and 1c)</li> <li>Total number of individuals (including be compensation from the organization</li> </ul>	ut not limited to the	uste	e, ke	y en	nplo	yee,	orh	0. 0. eceived more than \$100 highest compensated en	0 . 0 . 0,000 of reportable mployee on		Yes	0 0 0 No
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<ul> <li>c Total from continuation sheets to Pard Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including becompensation from the organization)</li> <li>3 Did the organization list any former office line 1a? If "Yes," complete Schedule J feld</li> <li>4 For any individual listed on line 1a, is the</li> </ul>	cer, director, or true such individual e sum of reportable 150,000? If "Yes,	uste le co	e, ke ompe mple	ey en ensa ete S	nplo ation	yee, and	or h	0. 0. eceived more than \$100 highest compensated ener compensation from tor such individual	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	3	Yes	0 0 No X X
<ul> <li>c Total from continuation sheets to Pard Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including becompensation from the organization)</li> <li>3 Did the organization list any former officiline 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than \$         <ul> <li>5 Did any person listed on line 1a receive rendered to the organization? If "Yes," or</li> </ul> </li> </ul>	er, director, or true such individual esum of reportabilitation and the sum of reportabilitation accrue compe	usted le co " co nsat	e, ke ompo mple non f	ensa ete S	nplo ation Sche any	yee, and edule	or h	0. 0. eceived more than \$100 highest compensated ener compensation from tor such individual	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	3	Yes	0 0 No X X
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Forn	n 990,	(2012) Attn:	Pat Dei		lding Corp	oration	42-607	4882 Page 9
Pa	rt VI	II Statement of Rever	nue					_
•		Check if Schedule O cont	ains a response	to any question	in this Part VIII			
_					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512, 513, or 514
Program Service   Contributions, Gifts, Grants Revenue   and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f 1,	21,634. 695,631. Business Code	1,717,265.			
Progra	e f	All other program service reve		<b>•</b>				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties Gross rents	•	<b>•</b>	49,765.			49,765.
	b c d	Less. rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other				
	С	assets other than inventory Less. cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	15,430. 0. 15,430.		15,430.			15,430.
Other Revenue		Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of					
Oth	С	Less direct expenses  Net income or (loss) from fund  Gross income from gaming ac  Part IV, line 19	=	<u> </u>				
	С	Less direct expenses Net income or (loss) from gam Gross sales of inventory, less	b ing activities	<b>&gt;</b>		210		
		Less cost of goods sold  Net income or (loss) from sales		Dunas Oct				
	11 a	Miscellaneous Revenue	· · ·	Business Code				

 $\cap\cap$ MMmuv1

0.

0.

782,460

Total revenue See instructions.

d All other revenue e Total. Add lines 11a-11d

С

<u>Sec</u>	tion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon		s Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	145,000.	145,000.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States 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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				<del></del>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	<del> </del>	7 027		7 027	
b	_ ~ <del> </del>	7,037.		7,037.	
C	<u> </u>	3,788.		3,788.	
d	, ,				<del></del>
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f g					<del></del> .
g	column (A) amount, list line 11g expenses on Sch O.)	-	li di		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		····		
20	Interest	4,788.		4,788.	
21	Payments to affiliates	-,,		-,,,,,,,	·
22	Depreciation, depletion, and amortization	273,400.	273,400.		
23	Insurance	4,805.	4,805.		<del>-</del>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а		8,139.		8,139.	
b				0/1331	
c					
d					<u></u>
	All other expenses			<del>-</del>	
25	Total functional expenses Add lines 1 through 24e	446,957.	423,205.	23,752.	0.
26	Joint costs Complete this line only if the organization			= - 1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-10-12

Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest bearing 1 1 2,749. 180,257. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10,083,165. basis Complete Part VI of Schedule D 10a 2,417,696. 7,938,869. 7,665,469. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 944,176. 2,090,165. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 15 Other assets See Part IV, line 11 15 9,935,891 8,885,794 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees. 22 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 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 377,000 Schedule D 377,000. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 7,737,981. 9,102,491. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 770,813. 29 833,400. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 8,508,794 9,935,891. 33 Total net assets or fund balances 33 8,885,794. 9,935,891. Total liabilities and net assets/fund balances

Form 990 (2012)

Pa	rt XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>	,78	2, 4	60.
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>57.</u>
3	Revenue less expenses Subtract line 2 from line 1	3				03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	,50	8,7	94.
5	Net unrealized gains (losses) on investments	5		8	<u>5,8</u>	95.
6	Donated services and use of facilities	6				
7	Investment expenses .	7				
8	Prior period adjustments	8			5,6	99.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	9	,93	5,8	91.
Pa	rt 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. X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		Ŷ		
	separate basis, consolidated basis, or both					ļ
	Separate basis Consolidated basis Both consolidated and separate basis					•
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	ί,	-		
	consolidated basis, or both					ļ
	Separate basis Consolidated basis Both consolidated and separate basis					<u>'</u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dit			ļ
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2012)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Community Theatre Building Corporation

Employer identification number 42-6074882

	. <u> </u>	Attn: F	<u>Pat Deignan</u>						4	2-6074	88	2
Part I	Reason	for Public Cha	rity Status (All organiz	ations mu	st comple	te this par	t) See inst	tructions				
The orga	anization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)	).				
2	A school des	scribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
з 🖳	A hospital or	a cooperative hosp	ital service organization (	described	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospital	's na	me,
_	city, and stat											
5	An organizati	on operated for the	benefit of a college or ui	niversity o	wned or o	perated by	a governi	mental un	ıt describ	ed in		
_	¬	(b)(1)(A)(iv). (Compl	•									
6	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	on 170(b)(	1)(A)(v).					
7 🗀		ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general	public desc	ribed	l ın
_	<b>-</b>	(b)(1)(A)(vi), (Comple										
8	7		section 170(b)(1)(A)(vi).									
9			eives (1) more than 33							-		
		•	nctions - subject to certa	•						•		
			axable income (less sect	tion 511 ta	x) from bu	ısınesses a	acquired b	y the orga	anization	after June 3	0, 19	975
	7	<b>509(a)(2).</b> (Complete										
10 <u> </u>	7	-	perated exclusively to te		-			•				
11 LX	<del>-</del>	-	perated exclusively for the						-			
		•	ations described in section organization and compli		-		z) See <b>se</b> c	Stion 509(	(a)(3). Ch	eck the box	tnat	
	a Type I				_	ıntegrated	_	ı 🗀 Tva	o III - Moi	n-functional	ly inte	naratod
e X	٦		at the organization is not		-	-					•	_
- CAA	- , ,		han one or more publicly			-	-					
f			tten determination from t		_				<b>σ(α)(1) σ</b> 1	30011011 000	(α)(∠)	'
•		rganization, check th				, pc 1, 1 ) pc	ii, oi 19pt					
g		•	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owina per	sons?			
J			lirectly controls, either al			-					Yes	No
			upported organization?	J		•		` ,		11g(i)		Х
	_		n described in (i) above?							11g(ii)		Х
			person described in (i) o		∍?					11g(iii)		Х
h		-	about the supported org	• •								
				-								
(i) Nam	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) ls	s the	(vir) Amount	of m	onetarv
10	ganization	` ,	(described on lines 1-9	in col. (i) lis				organızatı (i) organız U.S	UII III 601. I	, ,	port	,
			above or IRC section (see instructions))	governing	aocument?	1	support	U.S	5.7			
			(occ mondenous)	Yes	No	Yes	No	Yes	No			
	unity											
'hea	tre of C	42-0890913	9	ļ	X	X		X		14	<u>5,0</u>	000.
						ļ	·					
						1						
	<del></del> -	<del></del>	<del></del>			<del> </del>			1			
					<b></b>	<del> </del>			<del>  </del>	<u> </u>		
									1			
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otal	1									14	5,0	000.

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

## Schedule A (Form 990 or 990 EZ) 2012 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			-			
	or expended on its behalf						
3	The value of services or facilities				<u> </u>		
Ü	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions				i		
5	by each person (other than a						
	· · · · · · · · · · · · · · · · · · ·						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the	,					
	amount shown on line 11.					-	
	column (f)						
_	· · · · · · · · · · · · · · · · · · ·						
	Public support. Subtract line 5 from line 4   ction B. Total Support				<u> </u>	1	
		4 > 0000	# \ 0000	1 1 2010	1	1	(n <del>T</del> ) )
	ndar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 4						
8	Gross income from interest,	İ					
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						•
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					1	
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u> </u>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2012 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies a	as a publicly supp	orted organization	1			▶□
b	33 1/3% support test - 2011. If the o				l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qualif	fies as a publicly s	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·	•		e 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fact	-					
	meets the "facts and-circumstances" t			•	•		<b>&gt;</b>
h	10% -facts-and-circumstances test	-	· ·	• • •	-	17a and line 15 is	10% or
	more, and if the organization meets th	ŭ				•	
	organization meets the "facts-and-circ				•		· •
10	Private foundation. If the organization		-				
10	TITE OF TOUR CONTROL OF THE OF GATHEAU	GO HOL CHECK A	DON OIT HITE TO, TO	u, 100, 17a, 01 17t	DI CHECK HIS DUX C	and see instruction	

Schedule A (Form 990 or 990-EZ) 2012

## Schedule A (Form 990 or 990 EZ) 2012 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	iow, picase com	piete i art ii j	-	<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose			}			
3 Gross receipts from activities that				-	<del> </del>	<del></del>
are not an unrelated trade or bus-		[				
iness under section 513						
						<del> </del>
4 Tax revenues levied for the organ						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		İ				
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						
c Add lines 7a and 7b				<u> </u>	<del></del>	
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		1		ı	1	
alendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	(4) 2000	(0) = 555	(0) 20.0	(6)2511	(0) 20 12	(1) 10101
10a Gross income from interest,				1		
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						
c Add lines 10a and 10b						
1 Net income from unrelated business						ļ
activities not included in line 10b, whether or not the business is						
regularly carried on						
2 Other income Do not include gain						
or loss from the sale of capital					İ	1
assets (Explain in Part IV)  13 Total support. (Add lines 9, 10c, 11, and 12)		<del></del>			-	i
4 First five years. If the Form 990 is for the	he organization'	s first second thir	d fourth or fifth t	ay year as a secti	on 501(c)(3) organia	zation
check this box and stop here	ne organization .	3 11131, 3000110, 11111	a, roaren, or mer e	ax year as a seen	on son(c)(o) organiz	Lation,
ection C. Computation of Public	Support Pe	rcentage		·		
5 Public support percentage for 2012 (lin			column (fl)		15	
6 Public support percentage from 2011 S		•	colariir (i))		16	-
section D. Computation of Invest					1.101	
			20 12 column (f)		47	
7 Investment income percentage for 2012		•	ie 13, column (f))		17	
8 Investment income percentage from 20				. 4	18	
9a 33 1/3% support tests - 2012. If the or						I/ is not
more than 33 1/3%, check this box and						▶∟
b 33 1/3% support tests - 2011. If the or						_
line 18 is not more than 33 1/3%, check	k this box and s	<b>top here</b> . The orga	anızatıon qualıfıes	as a publicly sup	ported organization	▶∟
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ii	nstructions	<b>_</b>

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization

Community Theatre Building Corporation

Employer identification number

	Attn: Pat Deignan				42-60/4882
Pa	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar Fund	ls or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 6			
	•	(a) Do	nor advised funds	(	b) Funds and other accounts
1	Total number at end of year	-			
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that th	e assets held in donor adv	ısed fun	ds
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a	_	*	e used d	<del></del> :::- <del></del> ::-
•	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?	or derior advis	or, or for any other purpos	c come	Yes No
Pai		nanization ans	wered "Yes" to Form 990	Part IV	
1	Purpose(s) of conservation easements held by the organizat			T CITTY,	
•	Preservation of land for public use (e.g., recreation or e	•		etorioal	ly important land area
	Protection of natural habitat	saucation	Preservation of a ce		
	Preservation of open space		Fleservation of a ce	runea m	stone structure
2	·	final concernati		6	
2	Complete lines 2a through 2d if the organization held a quali- day of the tax year	neo conservat	ion contribution in the form	n or a co	inservation easement on the last
	day of the tax year				Hold at the End of the Tay Veer
а	Total number of conservation easements				Held at the End of the Tax Year
b	Total acreage restricted by conservation easements				2a
C	Number of conservation easements on a certified historic str	ruoturo inoliuda	ad in (a)		2b
d	Number of conservation easements included in (c) acquired			tura	2c
u		aiter 6/17/06,	and not on a historic struc	ture	
3	listed in the National Register  Number of conservation easements modified, transferred, re	logged systems	ahad artarmatad butt		2d
3	year	leaseu, extilig	uisned, or terminated by tr	ie organ	ization during the tax
4	Number of states where property subject to conservation ea	coment is less	atod N		
5	Does the organization have a written policy regarding the per				
J	violations, and enforcement of the conservation easements i		ng, inspection, nanding of	l	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		conservation easements	durina tl	
7	Amount of expenses incurred in monitoring, inspecting, and	-		_	· —————
8	Does each conservation easement reported on line 2(d) above				
•	and section 170(h)(4)(B)(ii)?	o danony and n	oquilottico of cootion 11	O(1)(-)(E	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements	in its revenue and expens	e stater	
	include, if applicable, the text of the footnote to the organization				
	conservation easements				,ag
Par	t III Organizations Maintaining Collections o	f Art, Histo	rical Treasures, or (	Other :	Similar Assets.
	Complete if the organization answered "Yes" to Form	=			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to	report in its revenue state	ment ar	nd balance sheet works of art.
	historical treasures, or other similar assets held for public ext				
	the text of the footnote to its financial statements that descri				,,,,
b	If the organization elected, as permitted under SFAS 116 (AS			nt and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed				
	relating to these items	•	•		and the second s
	(i) Revenues included in Form 990, Part VIII, line 1				<b>▶</b> \$
	(ii) Assets included in Form 990, Part X				<ul><li>\$</li><li>\$</li></ul>
2	If the organization received or held works of art, historical tre-	asures, or oth	er sımılar assets for fınancı	al gain.	provide
	the following amounts required to be reported under SFAS 1			J1	•
а	Revenues included in Form 990, Part VIII, line 1	, /	•		<b>&gt;</b> \$
	Assets included in Form 990, Part X				► \$ ► \$
	·				· ———————

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Community Theatre Building Corporation

		<u>at Deignan</u>					<u>42-60</u>			age <b>2</b>
Pa	rt III   Organizations Maintaining C	collections of A	rt, Historical	Treasures,	or Oth	er Simil	ar Asse	<b>ts</b> (contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of t	ne following th	at are a s	ignificant	use of its	collectio	n item	s
	(check all that apply)									
a	Public exhibition	d	Loan or e	xchange progr	rams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organizat	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical ti	easures, or oth	ner sımıla	r assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?				Yes	L_	<u>No</u>
Pa	rt IV Escrow and Custodial Arran	<b>gements.</b> Comple	ete if the organiza	tion answered	"Yes" to	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribut	ons or other a	ssets not	included		_		_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has be	en provided in	Part XIII					]
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" to	Form 990, Parl	t IV, line 1	10				
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	944,176.	653,94	6. 10	0,000.					
b	Contributions	600,000.	330,29	6. 55	3,946.	1	100,000.			
c	Net investment earnings, gains, and losses	149,745.	-22,35	4.						
d	Grants or scholarships	45,000.	13,09	6.						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	7,499.	4,61	4.						
g	End of year balance	1,641,422.	944,17	6. 65	3,946.	1	100,000.			
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, columi	(a)) held as						
а	Board designated or quasi-endowment	49.23	_%							
b	Permanent endowment ► 50.77	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are hele	l and administ	ered for t	he organi	zation	,		
	by								Yes	No
	(i) unrelated organizations							3a(ı)	X	
	(ii) related organizations							3a(ıi)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.							
	Description of property	(a) Cost or o	, ,	st or other	(c) A	ccumulate	∍d	(d) Boo	k valu	е
		basis (investr	nent) bas	ıs (other)	de	preciation				
1a	Land			50,000.						00.
b	Buildings		9,2	37,089.	1,	912,1	21.	7,32	4,9	68.
С	Leasehold improvements				<u> </u>					
d	Equipment									
e	Other			96,076.	<u> </u>	505,5	75.			01.
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), lin	e 10(c).)				7,66	5,4	69.

Schedule D (Form 990) 2012

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

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Community Theatre Building Corporation Attn: Pat Deignan 42-6074882 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a Donated services and use of facilities 2b С Recoveries of prior year grants 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 24 e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Part V, line 4: For general maintenance, repairs and improvements of the building, all as necessary to continue to house the Community Theatre of Cedar Rapids, Inc, and to support the programs of the Community Theatre of Cedar Rapids, Inc.

Schedule D (Form 990) 2012

Employer identification number 42-6074882 OMB No 1549-0047 Open to Public 2012 Inspection (h) Purpose of grant or assistance Yes Performing Arts Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Building Theatre (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States 228,000, FMV Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Corporation (d) Amount of cash grant 145,000 (c) IRC section if applicable Building 501(c)(3) 42-0890913 Community Theatre Deignan General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Attn: Pat 1 (a) Name and address of organization Community Theatre of Cedar Rapids Inc - 102 3rd St. SE - Cedar or government Name of the organization Department of the Treasury Rapdis, IA 52401 Internal Revenue Service SCHEDULE (Form 990) Part ! Part II

% ×

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2012)

# Community Theatre Building Corporation

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Attn: Pat Deignan Schedule I (Form 990) (2012) Part III

Page 2

42-6074882

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

232102 12-18-12

Schedule I (Form 990) (2012)

### **SCHEDULE O**

(Form 990 or 990-EZ)

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.

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Community Theatre Building Corporation Attn: Pat Deignan

Employer identification number 42-6074882

Form 990, Part I, Line 1, Description of Organization Mission:
Rapids, a tax exempt organization under IRC Sec. 501(c)(3).
Form 990, Part VI, Section B, line 11: The tax return was provided to the
board of directors for review before filing.
Form 990, Part VI, Section B, line 12: The organization requires its
officers, directors, and trustees to update their individual interests
annually. Upon entering a transaction, if an director has a conflict of
interest, such director is not permitted to vote on the matter.
Form 990, Part VI, Section C, Line 19: The governing documents are
maintained at the Corporation's office and are available upon request.
The return originally filed is being amended to exclude in-kind
contributions from the amounts reported as program service revenue and
grants. The amended return also corrects the amount of funds that are
permanentaly restricted, removing those funds that were endowed by the
board, but are unrestricted. Finally, the amended return shows the
depreciation expense and building insurance as program expenses.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

2012 Open to Public Inspection OMB No 1545-0047

Employer identification number

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Community Theatre Building Corporation Attn: Pat Deignan Name of the organization

Part I

42-6074882

(f) Direct controlling entity						ta.	1
ff Direct co ent						elated tax-exem	(4)
(e) End-of-year assets						e it had one or more r	[7]
(d) Total income						rt IV, line 34 because	5
(c) Legal domicile (state or foreign country)						swered "Yes" to Form 990, Par	107
(b) Primary activity						ons (Complete if the organization an	(4)
(a) Name, address, and EIN (if applicable) of disregarded entity						Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	(0)
				;		ď	

(g) Section 512(b)(13) controlled No × entity? Yes Direct controlling status (if section Public charity 501(c)(3)) 509(a)(1) Exempt Code section 501(c)(3) Legal domicile (state or foreign country) Primary activity Performing Arts 42-0890913, 102 3rd St. SE, Cedar Rapids, Community Theatre of Cedar Rapids, Inc. Name, address, and EIN of related organization 52401

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

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Schedule R (Form 990) 2012

Community Theatre Building Corporation

Attn: Pat Deignan Schedule R (Form 990) 2012

42-6074882 ' Page 2 Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(6)	4		₹			9	3	3		-	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Orrect controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total	(9) Share of end-of-year assets	(n) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Pomanaging of partner?	General or Percentage managing ownership pariner?
							,				
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	as a Corpo	ration or Trust (Co	mplete if the	e organization an	swered "Yes" t	o Form 990, P	art IV, line 34	because it had or	ne or more	related
(a) Name, address, and EIN of related organization	Z c	Primi	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total orp, income		(g) Share of Per end-of-year ow assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
								_			
	_		-	-				_	_	_	_

Schedule R (Form 990) 2012

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232162 12-10-12

# Community Theatre Building Corporation Attn: Pat Deignan

Schedule R (Form 990) 2012

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

a neceipt of (i) interest (ii) annules (iii) toyantes of (iv) fent from a controlled entity				<u>-</u>		×
Total array of anti-the formation of the			•		;	
b Girt, grant, or capital contribution to related organization(s)				1p	×	
c Gift, grant, or capital contribution from related organization(s)				-		×
			•	2	T	:
d Loans of loan guarantees to or for related organization(s)			•	19		×
e Loans or loan guarantees by related organization(s)				9	×	
				2	:	
f Dividends from related organization(s)				<b>=</b>		×
a Sale of assets to related organization(s)				-		×
				2 ;	1	;
				F	Ī	4
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				÷	-	×
<ul> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>				÷	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			3		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			\$		>
	(2)				Ť	4
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	1	×
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				1p		×
q Reimbursement paid by related organization(s) for expenses				10		×
				2		
r Other transfer of cash or property to related organization(s)				÷		×
						;   >
ام				22	1	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered r	elationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a.s)	(c) Amount involved	(d) Method of determining amount involved	hvolved		
	(2 m) 2 d (2					
(1)						
Q						
[7]						
(c)						
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(2)						
(9)						
232163 12-10-12	29		Schedule	Schedule R (Form 990) 2012	(066	2012

Page 4

## Community Theatre Building Corporation

Attn: Pat Deignan Schedule R (Form 990) 2012 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(state or foreign (related, marge) to the section 512-514) to the section 512-514) to the section 512-514) to the section 512-514) to the section 512-514 to the	(state or foreign (retiefalt, mitelifalt, mitelifalt) (ves No norme assets)  country) under section 517-514) (ves No norme assets)	(a) Name. address. and EIN	(b) Primary activity	(c)	(d) (e) (e) (d) (e) (e) (d) (e) (d) (d) (e) (d) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(f) (f) Share of	- G	(g) Share of	(h)	(I) Code V-1181	(E)	(k)
		of entity	(1000)	(state or foreign country)	(related, unrelated, 501( excluded from tax under section 512-514) Yes		al g	end-of-year assets	tonate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managir partner	ownership
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	Schoolule D (Corresponded to 18 )											
	Schadule B (Form 000) 2012					<del></del>						

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Schedule R	(Form 990) 2012	Attn:	Pat	Deignan			42-6074882	Page 5
Part VII	(Form 990) 2012 Supplemental Infor	mation						
•	Complete this part to prov	vide addition	al inform	nation for respor	nses to questions o	on Schedule R (see instru	ctions)	
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