## **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 201	3 calendar year, or tax year beginning 09/01, 2013, and e	ending		08/3	31, <b>20</b> <sub>14</sub>
<b>B</b> .			C Name of organization		D Employer id	entificat	ion number
_	heck if ap		COLORADO SPRINGS FINE ARTS CENTER				
	Addre chang		Doing Business As		84-0406		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	suite	E Telephone n	umber	
	Initial	return	30 WEST DALE STREET		(719) 47	7 – 43	23
	Term		City or town, state or province, country, and ZIP or foreign postal code				
	Amer return	า	COLORADO SPRINGS, CO 80903		<b>G</b> Gross receip		7,250,927.
	Applion pendi	cation ng	F Name and address of principal officer: DAVID DAHLIN, PRESIDENT	& CEO	H(a) Is this a gro subordinates	up return f ;?	for Yes X No
			30 WEST DALE ST COLORADO SPRINGS, CO 80903		H(b) Are all subord	linates includ	ded? Yes No
<u> </u>		empt st	00.1(0)(0)	527	If "No," atta	ch a list. (s	see instructions)
			WWW.CSFINEARTSCENTER.ORG		H(c) Group exem		<u> </u>
				Year of format	ion: 1919 <b>M</b>	State of	legal domicile: CO
Р	art I		mmary				
			y describe the organization's mission or most significant activities:				
nce			VATING THE INDIVIDUAL SPIRIT AND INSPIRING COMMUNI		LITY		
Governance			OUGH THE PERFORMING AND VISUAL ARTS AND ARTS EDUCA				
ove.	2		k this box			1 1	0.0
		Numb	per of voting members of the governing body (Part VI, line 1a)			3	22.
es 8	4		per of independent voting members of the governing body (Part VI, line 1b)			4	22.
Activities &			number of individuals employed in calendar year 2013 (Part V, line 2a)			5	122.
Ę	6	Total	number of volunteers (estimate if necessary)			6	200.
_			unrelated business revenue from Part VIII, column (C), line 12			7a	86,319.
	b	Net ui	nrelated business taxable income from Form 990-T, line 34		Prior Year	7b	-4,178. Current Year
			77 (77 (78 (78 (78 (78 (78 (78 (78 (78 (				
ne	8	Contr	ibutions and grants (Part VIII, line 1h) COPY FOR		2,972,45		2,383,320.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	гюн —	1,067,13		1,204,667.
Re		mvesi	timent income (Part VIII, column (A), lines 3, 4, and 7d)	—-	503,60 562,95		220,353. 256,848.
	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,106,15		4,065,188.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,100,15	0	4,005,188.
	13 14		ts and similar amounts paid (Part IX, column (A), lines 1-3)			0	0
	4.5		fits paid to or for members (Part IX, column (A), line 4)		1,637,46		1,443,453.
Expenses	162		ies, other compensation, employee benefits (Part IX, column (A), lines 5-10) ssional fundraising fees (Part IX, column (A), line 11e)		1,037,10	0	
beu	h	Total	fundraising expenses (Part IX, column (D), line 25)  211,831.			$\dashv$	
Ĕ	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,420,06	58	3,936,778.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,057,53		5,380,231.
			nue less expenses. Subtract line 18 from line 12		-951,38		-1,315,043.
or	13	IXCVCI	inde 1633 expenses. Subtract file 10 from file 12 , , , , , , , , , , , , , , , , , ,		ning of Current		End of Year
ets	20	Total	assets (Part X, line 16)		33,526,50		31,785,729.
Ass I Ba	21	Total	liabilities (Part X, line 26)		11,840,17		10,675,906.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21 from line 20		21,686,32		21,109,823.
	rt II		gnature Block				
Un	der pei	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules and	statements, a	and to the best o	f my kno	owledge and belief, it is
tru	e, corre	ect, and	I complete. Declaration of preparer (other than officer) is based on all information of which prepared	arer has any kr	nowledge.		
Sig			Signature of officer		Date		
He	re						
			Type or print name and title				
De!		Print/	/Type preparer's name Preparer's signature Date	<sup>°</sup> 5-21-15	Check	if PTI	N
Paid		DOR	EEN B MERZ DOWN 5 11 MAN	J-Z I- IC	self-employ	ed P	00841439
	parer Only	Firm's	sname ▶ STOCKMAN KAST RYAN & CO, LLP		Firm's EIN	84-1	509584
	•	Firm's	s address > 102 n. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903		Phone no.		630-1186
May	the I	RS dis	scuss this return with the preparer shown above? (see instructions)				X Yes No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2013)

JSA 3E1065 2.000

Form 990 (2013) Page **2** 

Pa	art III	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly	describe the organization's mission:
	-	OVIDE INNOVATIVE, EDUCATIONAL AND MULTIDISCIPLINARY ARTS
		IENCES, BUILDING UPON OUR HISTORY AS A UNIQUE CULTURAL PILLAR OF
		OCKY MOUNTAIN REGION.
		00112 110 01111211 1120 2011
2		organization undertake any significant program services during the year which were not listed on the
	•	orm 990 or 990-EZ? Yes X No
	If "Yes,"	describe these new services on Schedule O.
3	Did the	e organization cease conducting, or make significant changes in how it conducts, any program Yes X No
		describe these changes on Schedule O.
4		e the organization's program service accomplishments for each of its three largest program services, as measured by
	•	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others I expenses, and revenue, if any, for each program service reported.
	the tota	r expenses, and revenue, if any, for each program service reported.
42	(Code:	) (Expenses \$1,078,366 including grants of \$) (Revenue \$151,240)
4a	•	ED IN 1936 BY VISIONARY ALICE BEMIS TAYLOR, THE TAYLOR MUSEUM
		E COLORADO SPRINGS FINE ARTS CENTER IS COMMITTED TO EDUCATING
		UBLIC ABOUT THE BREADTH OF ARTISTIC EXPRESSIONS IN THE
		CAS THROUGH THE PRESENTATION OF A WORLD RENOWNED PERMANENT
		CTION, DYNAMIC EXHIBITIONS FROM AROUND THE WORLD, AND RELATED
		RAL AND INNOVATIVE PROGRAMS.
	СОПТО	RAL AND INNOVATIVE PROGRAMS.
	(Code:	) (Expenses \$1,114,035 including grants of \$) (Revenue \$356,974)
		SCHOOL OF ART OFFERS COURSES FOR STUDENTS OF ALL AGES AND
		LEVELS FROM TWO-YEAR-OLDS, TO NOVICE ARTISTS, TO COLLEGE
		IONAL ART STUDENTS AND RETIREES. SINCE ITS BEGINNINGS IN
		BEMIS HAS INSPIRED AND INSTRUCTED THOUSANDS OF ASPIRING
	ARTIS	IS IN A MOTIVATIONAL AND SUPPORTIVE ENVIRONMENT.
4c	(Code:	) (Expenses \$ 980,937. including grants of \$ ) (Revenue \$ 696,453. )
	THE F	INE ARTS CENTER PERFORMING ARTS DEPARTMENT PRESENTS LOCAL
	AUDIE	NCES WITH PERFORMANCES OF DANCE, MUSIC, COMEDY, THEATRE, AND
	FILM	FESTIVALS IN THE FAC'S STATE OF THE ART SAGAJI THEATRE. THE
	RESID	ENT THEATRE COMPANY PRODUCES PROFESSIONALLY MOUNTED
	PRODU	CTIONS FROM SEPTEMBER TO MAY THAT ENTERTAIN, ENLIGHTEN, AND
	ENRIC	H THE LIVES OF BOTH CHILDREN AND ADULTS IN THE PIKES PEAK
		N. IN COOPERATION WITH THE FAC'S BEMIS SCHOOL OF THE ARTS THE
		TMENT PROVIDES YEAR ROUND THEATRE CLASSES, AND DURING THE
		R MONTHS THE DEPARTMENT'S SCHOOL OF THEATRE ARTS PROVIDES
		SSIONAL THEATRE TRAINING FOR STUDENTS 5 TO 18.
4 <sub>d</sub>	Other r	rogram services (Describe in Schedule O.) ATTACHMENT 1
. u	(Expens	
4e	<u> </u>	rogram service expenses ► 4,198,992.
	a. P	- U ··

JSA 3E1020 2.000

Form 990 (2013) Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			- 21
8	complete Schedule D, Part III	8	Х	
•	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-	- 21	
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10		10	X	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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,"	44-	Х	
	complete Schedule D, Part VI	11a	_ A	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	441		77
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.7
	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
	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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	4.6	٦,	
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.5.		
	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
	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			3.7
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.5
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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)	17		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	18	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	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	

Form 990 (2013) Page 4

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 -		23	21	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-	х	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Λ	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		37	
_	to defease any tax-exempt bonds?	24c	Х	37
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, 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 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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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	Х	
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, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) Page **5** 

Part V Statements Regarding Other IRS Filings and Tax Compliance 118 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \_\_\_\_\_\_\_\_1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 Χ **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. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or Χ gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х 7a and services provided to the payor? Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X Х 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

JSA 3E1040 1.000 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 or note to any line in this Part VI

Sect	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 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406	Х	
	rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	Х	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıva	with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	. 54		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			•
17	List the states with which a copy of this Form 990 is required to be filed ▶_CO,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			onlv)
-	available for public inspection. Indicate how you made these available. Check all that apply.	(	,,,,,,	- · · · <b>)</b> )
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			, ,
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	argonization N			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for	box,	unles er and	s pe d a d	more erson lirect	e than o is both or/trust	an ee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
_(1)JIM_RAUGHTON	8.00									
CHAIR		X		X				0	0	0
(2)ANN WINSLOW` VICE CHAIR	2.00	X		Х				C	0	0
(3)KATE FARICY	5.00									
SECRETARY	ļ <del></del> -	Х		Х				C	0	0
(4)KIMBERLEY SHERWOOD	5.00									
TREASURER	T	Х		Х				0	0	0
(5)CHARLIE BAUGHMAN	1.00									
TRUSTEE		X						C	0	0
(6)RON BRASCH	1.00									
TRUSTEE		X						C	0	0
(7)SUSAN EDMONDSON	1.00							_	_	_
TRUSTEE	1 00	Х						О	0	0
(8)JEAN GUMPPER	1.00									0
TRUSTEE	1 00	X						C	0	0
_(9)BEN_HARVEY TRUSTEE	1.00	v						0	0	0
(10)CATHY HOLADAY	1.00	X						0	0	0
TRUSTEE		X						0	0	0
(11)JAY KLOSTER	1.00	21								
TRUSTEE	+	Х						l o	0	0
(12)DAVID KUNSTLE TRUSTEE	1.00	Х						0	0	0
(13)BEVERLEY MASON	1.00									
TRUSTEE		Х						C	0	0
(14)KATE MURPHY	1.00									
TRUSTEE		X						0	0	0

Form **990** (2013)

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Form 990 (2013) Page **8** 

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

(A)	(B)	(B) (C)						(D)	(E)		(F)	
Name and title	Average hours per	Position (do not check more than one			ne	Reportable	Reportable compensation from		stimated nount of			
	week (list any						compensation from	related		other		
	hours for					or/trust		the	organizations		pensatio	on
	related organizations	ndiv or di	nstit	Officer	(ey e	ligh.	Former	organization	(W-2/1099-MISC)		om the anizatio	n
	below dotted	idua	utio	e,	mpl	est c	Ē	(W-2/1099-MISC)		and	d related	t
	line)	Individual trustee or director	nal tı		Key employee	mp				orga	anization	IS
		stee	Institutional trustee			Highest compensated employee						
			ď			ated						
15) TOM NAUGHTON	1.00											
TRUSTEE		Х						0	0			0
16) MIKE PAPA	1.00											
TRUSTEE		Х						0	0			0
17) ALLISON SCOTT	1.00											
TRUSTEE		Х						0	0			0
18) TRENT STAFFORD	1.00											
TRUSTEE		Х						0	0			0
19) VIC TISE	1.00											
TRUSTEE		Х						0	0			0
20) BLAKE WILSON	1.00											
TRUSTEE		X						0	0			0
21) JOHN WILSON	1.00											
TRUSTEE		Х						0	0			0
22) FRAN ZANKOWSKI	1.00											
TRUSTEE		X						0	0			0
23) DAVID DAHLIN	40.00											
PRESIDENT & CEO				Х				0	0			0
24) ANITA ROHILLA	20.00											
CONTRACT CFO -SEE SCH O				Х				0	0			0
25) SAM GAPPMEYER	40.00											
FORMER PRESIDENT & CEO				X				166,482.	0			0
1b Sub-total								0	0			0
c Total from continuation sheets to Part V	-						<b>&gt;</b>	251,264.	0			0
d Total (add lines 1b and 1c)							<u> </u>	251,264.	0			0
2 Total number of individuals (including but				d al	bov	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organize	ation -	-	L								V	
						_					Yes	No
3 Did the organization list any former of												37
employee on line 1a? If "Yes," complete Sc.										3		X
4 For any individual listed on line 1a, is t	he sum of rep	ortab	ole c	com	per	satio	n ai	nd other compens	sation from the			
organization and related organizations										_	v	
individual										4	X	
5 Did any person listed on line 1a receive										F		X
for services rendered to the organization?  Section B. Independent Contractors	n res, comple	ie oci	ieau	iie J	ior	SUCH	μer	SUII		5		
Complete this table for your five highest (	componented is	ndon	nda	n+	con	tracto	rc +	hat received mare	than \$100 000 a	<b>.</b>		
TOURDIELE LING LADIE TO VOULTIVE HIGHEST (	connensated II	IUCI)t	ziiu+	71 II (	COLL I		וכיי	nac received more	י טועטו שוועט.עטט ט			

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) Name and business address	(B) Description of services	<b>(C)</b> 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 ▶ 0

Form **990** (2013)

Part VII

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	oye	es,	and I	lig	hest Compensat	ed Emplo	yees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/tru					an ee)	(D) Reportable compensation from the	Reportable compensation from related organizations	on from	m am	(F) timated nount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anization d related anization	d
26) DEBRA LINSTER FORMER CFO	40.00			v				04 700		0			
27) NEICHIE HALL	40.00			X				84,782.		U			(
INTERIM CEO FEB - JUNE 2014				Х				0		0			(
	<del></del>												
	<del> </del>												
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						<b>&gt; &gt; /</b>						
<ul> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but not reportable compensation from the organizatio</li> </ul>	limited to t	hose					o re	eceived more than	\$100,000	of			
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		Х
<b>4</b> For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	00?	. It	"Yes	5,"				4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un				5		Х
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>													
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) Compens	ation	

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

Page 9

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business excluded from tax exempt revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues 223,329 С Fundraising events 1d 830,008 1e Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above . 1f 1,329,983 Noncash contributions included in lines 1a-1f: \$ \_ Total. Add lines 1a-1f 2,383,320 Program Service Revenue **Business Code** BEMIS SCHOOL OF ART 611600 151,240 151,240 2a 900099 356,974 356,974 h TAYLOR MUSEUM ADMISSIONS PERFORMING ARTS ADMISSIONS 711110 696,453 696,453 All other program service revenue Total. Add lines 2a-2f . 1,204,667 Investment income (including dividends, interest, and 220,353. Income from investment of tax-exempt bond proceeds . . . > 0 4 5 (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of 2,954,008. assets other than inventory **b** Less: cost or other basis and sales expenses 2,954,008. c Gain or (loss) d Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . a 185,404 Less: direct expenses **b** c Net income or (loss) from fundraising events .ATCH .2 .▶ 70,622 70,622. 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, less returns and allowances 122,170 **b** Less: cost of goods sold . ATCH . 3 . 116,949 Net income or (loss) from sales of inventory 5,221 5,221 Miscellaneous Revenue **Business Code** FOOD & BEVERAGE 722410 164,194 77,875 86,319 11a 711110 CURTAIN CALL DINNER REVENUE 16,811 16,811 b С All other revenue 181,005 e Total. Add lines 11a-11d Total revenue. See instructions 307,786. 4,065,188 287,763 86,319

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Check if Schedule O contains a resp	onse or note to any lin	ne in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·	-	
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	172,235.	99,107.	52,815.	20,313.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,052,732.	605,756.	322,817.	124,159.
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	105,080.	68,090.	31,477.	5,513.
10	Payroll taxes	113,406.	72,553.	29,144.	11,709.
11	Fees for services (non-employees):				
а	Management	0			
	Legal	2,301.		2,301.	
	Accounting	19,900.		19,900.	
C	I Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	50.000	F	0.100	
1	f Investment management fees	59,989.	57,889.	2,100.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	0			
	(A) amount, list line 11g expenses on Schedule O.)	100 447	2 505	00.060	
	Advertising and promotion	102,447.	3,585.	98,862.	
13	Office expenses	0			
14	Information technology	0			
15	Royalties	1,047,194.	1,010,542.	36,652.	
16	Occupancy	5,334.	4,462.	829.	43.
17	Travel	3,334.	1,102.	027.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
40		0			
	Conferences, conventions, and meetings	22,220.		22,220.	
20	Interest	0		22,220.	
21 22	Depreciation, depletion, and amortization	1,454,358.	1,403,455.	50,903.	
23	Insurance	5,012.	5,012.	30,7031	
	Other expenses. Itemize expenses not covered	5,612.	3,011.		
	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.)				
2	PROGRAM_COSTS	840,077.	673,824.	157,783.	8,470.
	ART ACQUISITIONS	133,120.	133,120.	·	·
	SUPPLIES	93,947.	31,072.	35,545.	27,330.
	PRINTING & PUBLICATIONS	58,746.	9,659.	43,197.	5,890.
	All other expenses	92,133.	20,866.	62,863.	8,404.
	Total functional expenses. Add lines 1 through 24e	5,380,231.	4,198,992.	969,408.	211,831.
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
_	following SOP 98-2 (ASC 958-720)	0			
JSA			<u> </u>	<u> </u>	Form <b>990</b> (2013)

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Form 990 (2013) Page **11** 

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X						
		errook ir correction of correction a respective or	11010	to any mio in thich a	(A) Beginning of year		(B) End of year	
	1	Coch non interest bearing			52,243.	1	3,114.	
	2	Cash - non-interest-bearing Savings and temporary cash investments			<u> </u>		3,114.	
	3	Pledges and grants receivable, net	379,635.	3	350,631.			
	4	Accounts receivable, net			33,002.	4	20,558.	
	5	Loans and other receivables from current and	33,002.	4	20,330.			
	"	trustees, key employees, and highest co		·				
					0	5	0	
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (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) volu organizations (see instructions). Complete Part II of Sche			0	6	0	
Assets	7	Notes and loans receivable, net			0	7	0	
SS	8	Inventories for sale or use			14,882.	8	9,141.	
٩	9	Prepaid expenses and deferred charges			135,458.	9	320,882.	
	10 a	Land, buildings, and equipment: cost or	[					
			10a	39,092,556.				
	b	Less: accumulated depreciation	10b	16,078,845.	24,423,845.	10c	23,013,711.	
	11	Investments - publicly traded securities			8,419,114.	11	8,007,996.	
	12	Investments - other securities. See Part IV, line 11	0	12	0			
	13	Investments - program-related. See Part IV, line 11			0	13	0	
	14	Intangible assets	0	14	0			
	15	Other assets. See Part IV, line 11			68,326.	15	59,696.	
	16	Total assets. Add lines 1 through 15 (must equal			33,526,505.	16	31,785,729.	
	17	Accounts payable and accrued expenses			869,342.	17	870,074.	
	18	Grants payable	0		0			
	19	Deferred revenue			372,064.	_	383,372.	
	20	Tax-exempt bond liabilities			10,149,375.		9,063,875.	
Liabilities	21	Escrow or custodial account liability. Complete Pa			0	21	0	
ĕ	22	Loans and other payables to current and for						
Lial		trustees, key employees, highest compen			0	22	0	
	23	disqualified persons. Complete Part II of Schedule Secured mortgages and notes payable to unrelate			449,396.		358,585.	
	24	Unsecured notes and loans payable to unrelated				24	330,303.	
	25	Other liabilities (including federal income tax,				27		
		parties, and other liabilities not included on lines						
		of Schedule D		, .	0	25	0	
	26	Total liabilities. Add lines 17 through 25			11,840,177.	26	10,675,906.	
S		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl					
ĕ	27	Unrestricted net assets			20,603,304.	27	20,017,499.	
sala	28	Temporarily restricted net assets			479,860.	28	489,160.	
Ā	29	Permanently restricted net assets			603,164.	29	603,164.	
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.			·	-		
ş	30	Capital stock or trust principal, or current funds				30		
set	31	Paid-in or capital surplus, or land, building, or equ				31		
As	32	Retained earnings, endowment, accumulated inco				32		
Net Assets or	33	Total net assets or fund balances	-,		21,686,328.	33	21,109,823.	
_	34	Total liabilities and net assets/fund balances			33,526,505.	34	31,785,729.	
					· · · · · · · · · · · · · · · · · · ·			

Form 990 (2013) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0	65,1	.88
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,3	80,2	231.
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,3	15,0	)43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,6		
5	Net unrealized gains (losses) on investments	5		7	01,3	354.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			37,1	L84.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		21,1	09,8	323.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	A				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	1 1				
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpıaır	ı in			
20				2-		Х
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were complete.	nilod	l or	2a		
	reviewed on a separate basis, consolidated basis, or both:	ipiieu	1 01			
	Separate basis Consolidated basis Both consolidated and separate basis					
				2b	х	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audi			20	21	
	separate basis, consolidated basis, or both:	.eu o	па			
	Separate basis     Consolidated basis     Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	iaht				
C	of the audit, review, or compilation of its financial statements and selection of an independent account	_	)	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	лрішіі				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	n in			
Ju	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name	of t	he organization							Emplo	yer iden	tification number
COLO	)RA	DO SPRINGS FIN	NE ARTS CENTE	R						84-	-0406947
Part		Reason for Publ	ic Charity Status	s (All organizations mu	st cor	nplete	this pa	art.) Se	e instru	uctions	
The g	rga	·		cause it is: (For lines 1 th	_		-				
1	_	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .									
2				(1)(A)(ii). (Attach Schedul							
3			•	ervice organization descri			-				
4 _				erated in conjunction wi	th a h	ospita	I descri	ibed in	sectio	n 170(b	o)(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.)										
e [	$\neg$				oribod	in <b>aga</b> t	ion 170	/h\/4\/	A \ / \		
6 7	X		•	or governmental unit deseases a substantial part of its						it or fro	om the general public
' _	Λ	described in <b>sectio</b>		•	s supp	ort no	iii a yo	verriirie	illai uli	iii Oi iii	on the general public
8				on 170(b)(1)(A)(vi). (Com	inlete F	Part II \					
9		-		es: (1) more than 331/3%			rt from	contrib	utions	membe	ership fees, and gross
		_	=	exempt functions - subj							·
				ome and unrelated busing							
		• • •		ne 30, 1975. See section							,
10		An organization org	ganized and opera	ted exclusively to test for	public	safety.	See <b>se</b>	ction 5	09(a)(4	).	
11		An organization or	rganized and ope	rated exclusively for the	bene	fit of,	to perf	orm the	e funct	ions of	, or to carry out the
		purposes of one or	r more publicly su	ipported organizations de	escribe	d in s	ection 5	509(a)( <sup>*</sup>	1) or se	ection 5	09(a)(2). See <b>section</b>
		509(a)(3). Check th	ne box that describ	es the type of supporting	organ	ization	and co	mplete	lines 11	le throu	ugh 11h.
_		a Type I		c Type III-Function	-	-			• •		unctionally integrated
e			-	e organization is not conf			-	-	-		
			<del>-</del>	other than one or more	oublic	y supp	orted o	rganiza	tions d	escribe	d in section 509(a)(1)
		or section 509(a)(2	•							_	
f		<del>-</del>		n determination from the	e IRS	that it	is a Ty	ype I, T	ype II,	or Type	e III supporting
		organization, check						,			
g		<del>-</del>	006, nas the orgai	nization accepted any gift	or co	ntributi	on from	any of	tne		
		following persons?	directly or indirec	thy controls, sither alone	or tog	othory	uith nor	oono d	oo oribo	d in (ii)	and Yes No
				tly controls, either alone the supported organization							
				scribed in (i) above?	JII:						11g(ii)
				on described in (i) or (ii) a	hove?						11g(iii)
h			-	ut the supported organiza		).					
	i) Na	ame of supported	(ii) EIN	(iii) Type of organization	T `	ls the	(v) Did y	ou notify	(vi) I	s the	(vii) Amount of monetary
`		organization	( )	(described on lines 1-9	organi	zation in listed in	the orga	anization	organiz	zation in	support
				above or IRC section (see instructions))	your g	overning ment?	In col. (I)	of your ort?	col. (i) o in the	rganized U.S.?	
					Yes	No	Yes	No	Yes	No	
(A)											
(A)											
(B)											
(C)											
(D)											
(E)											
Total											
- Clai		1514	1 1 1 1								

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,720,303.	2,346,493.	2,769,616.	2,047,455.	2,383,320.	12,267,187.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	2,720,303.	2,346,493.	2,769,616.	2,047,455.	2,383,320.	12,267,187.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						333,711.
6	Public support. Subtract line 5 from line 4.						11,933,476.
	tion B. Total Support	( ) 0000	420040	( ) 0044	(1) 0040	( ) 0040	
_	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7 8	Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,720,303.	2,346,493.	2,769,616. 256,457.	2,047,455. 254,913.	2,383,320.	1,619,896.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	978.	337,012.	230, 137.	231,713.	220,333.	978.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	357,091.	660,567.	522,910.	551,459.	263,279.	2,355,306.
11	Total support. Add lines 7 through 10						16,243,367.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	5,860,638.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	•	•				
14	Public support percentage for 2013 (li		•			14	73.47%
15	Public support percentage from 2012					15	
16a	331/3% support test - 2013. If the o						
h	this box and <b>stop here</b> . The organizati 331/3% support test - 2012. If the o						
b	check this box and <b>stop here</b> . The org	_					
172	10%-facts-and-circumstances test - 2	•					
114	10% or more, and if the organization						
	Part IV how the organization meets to						
	organization			=	=	-	■ □
h	10%-facts-and-circumstances test - 2						and line
b	15 is 10% or more, and if the organization	•					
	Explain in Part IV how the organizati						-
	supported organization				•	•	► □
18	Private foundation. If the organization						
. •	instructions						
						chadula A (Farm 0	

Schedule A (Form 990 or 990-EZ) 2013

#### 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third fourth or	fifth tax vear a	s a section 501	(c)(3)
	organization, check this box and <b>stop here</b>	~			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8			mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
	tion D. Computation of Investmen					1 1	/0
<u> 17</u>	Investment income percentage for 2013 (lii			13. column (f))		17	%
18	Investment income percentage for 2012 (in					18	<u>%</u>
	331/3% support tests - 2013. If the org						
. J a	17 is not more than 331/3%, check th						
h	331/3% support tests - 2012. If the orga		_				
D	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II - OTHER INCOME							
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL	
SPECIAL EVENTS	163,826.	165,454.	238,050.	204,609.	185,404.	957,343.	
OTHER- FOOD & BEVERAGE	193,265.	495,113.	284,860.	346,850.	77,875.	1,397,963.	
TOTALS	357,091	660,567.	522,910.	551,459.	263,279.	2,355,306.	

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury **Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number COLORADO SPRINGS FINE ARTS CENTER 84-0406947

Organization type (check one):						
Filers of:		Section:				
Form 990 o	r 990-EZ	$\boxed{X}$ 501(c)( $^3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990-P	F	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
-	a section 501(c)(7), (	ered by the <b>General Rule</b> or a <b>Special Rule</b> . 8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Ru	le					
	~	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or e contributor. Complete Parts I and II.				
Special Rule	es					
ur th	nder sections 509(a)(	organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.				
dı	uring the year, total c	), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, ontributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
du no ye ap	uring the year, contrit of total to more than ear for an exclusively oplies to this organiza	), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, outions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> ation because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or				

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

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

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

Name of organization COLORADO SPRINGS FINE ARTS CENTER

Employer identification number 84-0406947

Part I	Contributors (S	ee instructions).	Use duplicate	copies of	Part I if	additional	space is neede	∍d.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$106,421.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$137,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$80,348.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 5 _		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$110,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization COLORADO SPRINGS FINE ARTS CENTER

Employer identification number

84-0406947

Part II	Noncash Property (see instructions). Use duplicate copies of Property (see instructions).	art II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Scriedule B	(FOIII 990, 990-EZ, 01 990-FF) (2013)			rage -		
Name of or	rganization COLORADO SPRINGS FINE	ARTS CENTER		Employer identification number		
				84-0406947		
Part III	Exclusively religious, charitable, etc. that total more than \$1,000 for the y					
	For organizations completing Part III, contributions of \$1,000 or less for th					
	Use duplicate copies of Part III if addit	ional space is neede	ed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	ZIP + 4 Relationship of transferor to transfe			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		

(e) Transfer of gift					
Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transf	eree	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
----------------------	--

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

# SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

► 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

	or the organization	Employer identification number
	ORADO SPRINGS FINE ARTS CENTER	84-0406947
Part	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	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 i	n 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 fu	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	ny other purpose
	conferring impermissible private benefit?	Yes No
Part	Conservation Easements. Complete if the organization answered "Yes" to Fo	orm 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)	of an historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
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.	
		Held at the End of the Tax Year
а	Total number of conservation easements	_ 2a
	Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a)	. 2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	
	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organization during the
	tax year ▶	
	Number of states where property subject to conservation easement is located ▶	
	Does the organization have a written policy regarding the periodic monitoring, inspection, h	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	asements during the year
-	Annual of amount in annual in annual in annual and antiquing and antiquing	and division the const
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	ents during the year
8	▶\$  Does each conservation easement reported on line 2(d) above satisfy the requirements of s	coction 170/b)///P)
	(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	•
	organization's accounting for conservation easements.	
Part		er 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 shee
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	
	public service, provide the following amounts relating to these items:	deadon, or research in future affect of
	(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	
	Revenues included in Form 990, Part VIII, line 1	
	Assets included in Form 990 Part X	<b>&gt;</b> \$

Schedule D (Form 990) 2013 Page **2** 

Part II	Organizations Maintainir	ng Collections of	Art, I	listorical 1	reasur	es,	or Oth	ner Similar	Asset	ts (co	ntinu	ed)
	sing the organization's acquisitio ollection items (check all that appl		other re	ecords, chec	k any c	of the	follow	ring that are	a sign	ificant	use (	of its
a	X Public exhibition		d	Loan	or exch	_						
b _	Scholarly research		е	Other								
	Preservation for future general											
	rovide a description of the orgar	nization's collections	and e	xplain how	they fui	rther	the org	ganization's e	exempt	purpo	se in	Part
ΧI												
	uring the year, did the organization											٦
	ssets to be sold to raise funds rath									Yes		No
Part I					iization	ans	werea	"Yes" to Fol	rm 990	), Part	IV, III	ne 9,
	or reported an amount or	1 FOIIII 990, Pail A	, line z	21.								
<b>10</b> lo	the organization on agent trusts	a austadian ar athai	intorm	adian, for a	ontributi	000	vr othor	· cocoto not				
	the organization an agent, trusted								Г			٦.,.
li li	cluded on Form 990, Part X? "Yes," explain the arrangement in	Dort VIII and comple	oto tho	following to					L	Yes		_ No
D II	res, explain the arrangement in	Fait Aili and Compi	ete the	Tollowing tal	Jie.			Λm	ount			
<b>c</b> Be	eginning balance					1c		Alli	Juni			
	dditions during the year					1d						
	istributions during the year					1e						
	nding balance											
	id the organization include an am									Yes		No
	"Yes," explain the arrangement in											╡
Part V												
		(a) Current year		Prior year	(c) Tw			(d) Three year		<b>(e)</b> Fou	r years	back
<b>1a</b> Be	eginning of year balance	569,199.		569,410.		605	724.	643,				,587.
b C	ontributions						,387.					
c No	et investment earnings, gains,											
ar	nd losses	588.		214.			587.	1,	253.		-14	,501.
<b>d</b> G	rants or scholarships											
e O	ther expenditures for facilities											
ar	nd programs	300.		425.		42	,288.	38,	615.			
f Ad	dministrative expenses											
g Er	nd of year balance	569,487.		569,199.		569	410.	605,	724.		643	,086.
<b>2</b> Pr	rovide the estimated percentage	of the current year e	nd bala	nce (line 1g	columr	ı (a))	held as	:	•			
	oard designated or quasi-endown		%									
b Pe	ermanent endowment > 100.0	000 %	_									
	emporarily restricted endowment	•										
	he percentages in lines 2a, 2b, an	·										
	re there endowment funds not in	the possession of th	ne orga	nization that	are hel	d and	d admir	nistered for the	е			
	rganization by:										Yes	No
	unrelated organizations									3a(i)		X
	i) related organizations									3a(ii)	X	
	"Yes" to 3a(ii), are the related org									3b	X	
	escribe in Part XIII the intended u		on's er	idowment fu	nds.							
Part V	Land, Buildings, and Equi Complete if the organiza	<b>pment.</b> fion answered "Ye	s" to F	orm 990 P	art IV I	line 1	la Se	e Form 990	) Part	X line	10	
	Description of property	(a) Cost or			or other ba			cumulated		) Book va		
4	1	(invest	ment)	(0	other)		depr	eciation				
	and			4 /	771 0	16	4 0	11 265			26 1	0.01
	uildings				971,24	_		44,365.		22 5		881.
	easehold improvements				371,39			62,649.		22,5	υ <b>σ</b> ,	142.
	quipment				997,34 752,57			97,341.			70 (	089.
- 0						/ × '	1 7	74,489.		/1		

Schedule D (Form 990) 2013

Page 3

Part VII Investments - Other Securities.

Part VII	Complete if the organization answere	ed "Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12	2.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financi	ial derivatives			
(2) Closely	r-held equity interests			
(3) Other_				
(A)				
<u>(B)</u>				
<u>(C)</u>		-		
(D)				
(E)		-		
<u>(F)</u> (G)				
( <del>U</del> )		-		
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	ed "Yes" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
		ed "Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 1	5.
	(	a) Description	(b) Book val	ue
(1)				
_(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B,	) line 15.)	<b>•</b>	
Part X	Other Liabilities.	<i>,</i>		
		ed "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,	,
1.	(a) Description of liability	(b) Book valu	e	
_(1) Fede	ral income taxes			
_(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25	5.)		

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

JSA 3E1270 1.000 Schedule D (Form 990) 2013 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,998,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	
а	Net unrealized gains on investments 2a 701,354		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 231,731		
е	Add lines 2a through 2d	2e	933,085.
3	Subtract line 2e from line 1	3	4,065,188.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,065,188.
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	5,574,778.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	4	
b	Prior year adjustments 2b	-	
C	Other losses   2c	-	
d	Other (Describe in Part XIII.)  Add lines 2a through 2d  231,731	1	
e	7.taa iii100 2a tii10agii 2a	2e	231,731.
3	Subtract line 2e from line 1	3	5,343,047.
4	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.)  4a  4b  37,184	-	
b	Add lines 4n and 4h	-	37,184.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	4c 5	5,380,231.
Part			373007231.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V,	ine 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor		
SEE	PAGE 5		

JSA 3E1271 1.000

Page 5

#### Part XIII Supplemental Information (continued)

SCHEDULE D PART III LINE 1A

IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART OBJECTS PURCHASED AND DONATED ARE NOT RECOGNIZED AS ASSETS IN THE ACCOMPANYING BALANCE SHEET. THE FINE ARTS CENTER'S ART OBJECTS ARE HELD FOR EDUCATIONAL, RESEARCH AND CURATORIAL PURPOSES. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. IT IS THE POLICY OF THE FINE ARTS CENTER'S MANAGEMENT THAT PROCEEDS FROM THE SALE OF ANY COLLECTION ITEMS BE USED FOR THE PURCHASE OF ADDITIONAL COLLECTION ITEMS OR THE CONSERVATION OF EXISTING COLLECTIONS IN ACCORDANCE WITH RECOMMENDATIONS PROMULGATED BY THE AMERICAN ALLIANCE OF MUSEUMS. DURING THE YEAR ENDED AUGUST 31, 2014 AND 2013, THE FINE ARTS CENTER PURCHASED ART OBJECTS TOTALING \$2,820 AND \$7,353, RESPECTIVELY. IN ADDITION, THE FINE ARTS CENTER RECEIVED DONATED WORKS OF ART VALUED AT \$130,300 AND \$286,650, RESPECTIVELY, WHICH HAS BEEN RECORDED AS REVENUE AND AN EXPENSE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THERE WERE NO DEACCESSIONS DURING THE YEARS ENDED AUGUST 31, 2014 OR 2013.

Page 5

#### Part XIII Supplemental Information (continued)

SCHEDULE D PART III LINE 4

THE MUSEUM DISPLAYS, CARES FOR, AND PERSERVES HISPANIC, NATIVE AMERICAN, AND AMERICAN ART AND RELATED ITEMS. ESTIMATED PERSONS BENEFITED IN 2014 WAS 108,897 PATRONS.

SCHEDULE D PART V LINE 4

ENDOWMENT FUND ASSETS AT AUGUST 31, 2014 WERE AVAILABLE FOR BUILDING RENOVATIONS AND DEBT PAYMENT, ART COLLECTION PURCHASES, ART SCHOLARSHIPS, ART EDUCATION, STAFF EDUCATION AND ART LIBRARY MATERIAL.

SCHEDULE D PART X LINE 2

THE FINE ARTS CENTER IS A NOT-FOR-PROFIT CORPORATION WHICH IS CLASSIFIED AS A PUBLIC CHARITY BY THE INTERNAL REVENUE SERVICE, AND IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THE FINE ARTS CENTER DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2011 THROUGH THE CURRENT PERIOD.

SCHEDULE D PART XI LINE 2D

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES: \$231,731

### Part XIII Supplemental Information (continued)

SCHEDULE D PART XII LINE 2D

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES: \$231,731

UNREALIZED GAIN ON INTEREST RATE SWAP: (\$ 37,184)

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization					Employer identification	n number
COLORADO SPRINGS FINE ARTS CENT	ER				84-0406947	1
Fundraising Activities. Compl Form 990-EZ filers are not red	-			"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization raised	funds through a	any of the	following	activities. Check a	all that apply.	
a Mail solicitations	е	Solic	itation of r	non-government g	rants	
<b>b</b> Internet and email solicitations	f	Solic	itation of	government grants	S	
c Phone solicitations	g	Spec	ial fundra	ising events		
d In-person solicitations						
<ul> <li>Did the organization have a written or or or key employees listed in Form 990, P.</li> <li>b If "Yes," list the ten highest paid individ compensated at least \$5,000 by the org</li> </ul>	art VII) or entity uals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1		100				
2						
3						
4						
5						
6						
7						
8						
9						
10						
Tatal						
3 List all states in which the organization registration or licensing.	n is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2013

 Schedule G (Form 990 or 990-EZ) 2013
 Page 2

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.

		gross receipts greater than \$5,0	00.			
			(a) Event #1 GALA	(b) Event #2 MUSEUM SOCIETY	(c) Other events	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	121,590.	54,905.	8,909.	185,404
_		Less: Contributions	121,590.	54,905.	8,909.	185,404
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs	22,326.			22,326
ct Exp	7	Food and beverages	26,593.			26,593
Direct	8	Entertainment	17,280.			17,280
	9	Other direct expenses	1,334.	45,084.	2,165.	48,583
	10	Direct expense summary. Add lines 4	4 through 9 in column (d	)	▶	114,782
	11	Net income summary. Subtract line 1	0 from line 3, column (d	)	<u></u> ▶	70,622
Pa	rt l	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" to Form 990, Par	t IV, line 19, or repo	rted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d	)		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>&gt;</b>	
	a Is	nter the state(s) in which the organizate the organization licensed to operate of "No," explain:				. Yes No
		Vere any of the organization's gaming l	licenses revoked, suspe	ended or terminated durir	ng the tax year?	. Yes No

Part

#### COLORADO SPRINGS FINE ARTS CENTER

Sched	ule G (Form 990 or 990-EZ) 2013 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

#### **SCHEDULE J** (Form 990)

**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. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

COLORADO SPRINGS FINE ARTS CENTER

Part I Questions Regarding Compensation

Inspection Employer identification number

84-0406947

			Yes	No				
1a	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.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)							
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							
2	explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b						
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line							
	1a?							
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the							
J	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, but explain in Part III.							
	X Compensation committee X Written employment contract							
	X Independent compensation consultant X Compensation survey or study							
	Form 990 of other organizations  X Approval by the board or compensation committee							
4	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:	4-		77				
a	Receive a severance payment or change-of-control payment?	4a 4b		X				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
С	Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	if tes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(a)(2) and 501(a)(4) organizations must complete lines 5.0							
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
5	compensation contingent on the revenues of:							
2		5a		Х				
a b	The organization?							
b	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.							
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
J	compensation contingent on the net earnings of:							
а		6a		Х				
a b	The organization? Any related organization?	6b		X				
	If "Yes" to line 6a or 6b, describe in Part III.	7.5						
7	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							
8	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	8		Х				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
•	Regulations section 53.4958-6(c)?	9						

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

COLORADO SPRINGS FINE ARTS CENTER 84-0406947

Schedule J (Form 990) 2013

#### 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
SAM GAPPMEYER	(i)	166,482.	(	0	0	0	166,482.	0
1 FORMER PRESIDENT & CEO	(ii)	0	(	0	0	0	C	0
	(i)							
_2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							1.1.1/5 200) 2040

COLORADO SPRINGS FINE ARTS CENTER 84-0406947

Schedule J (Form 990) 2013

#### Part | Supplemental Information

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

SCHEDULE J PART I LINE 3

THE EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES TO THE BOARD. AS APPROPRIATE.

THE EXECUTIVE COMMITTEE WILL EVALUATE THE COMPENSATION PROGRAM ANNUALLY AGAINST THE COMPETITIVE MARKET, AND MAY COMMISSION THIS ANNUAL REVIEW BY AN INDEPENDENT CONSULTING FIRM. THE EVALUATION IS REVIEWED IN THE FALL OF EACH YEAR AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS.

FOLLOWING THE FALL REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARIES AND ANNUAL INCENTIVE OPPORTUNITY ADJUSTMENTS, AND OBJECTIVES AND GOALS FOR THE UPCOMING YEAR'S ANNUAL INCENTIVE PLAN. THE COMMITTEE REVIEWS AND RECOMMENDS TO THE BOARD SALARY APPROVAL AND INCENTIVE AWARDS FOR THE CHIEF EXECUTIVE.

## SCHEDULE K (Form 990)

### **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

■ See separate instructions.

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule K (Form990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public
Inspection

Name of the organization **Employer identification number** COLORADO SPRINGS FINE ARTS CENTER 84-0406947 **Bond Issues** (i) Pooled (h) On (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased behalf of financing issuer Yes Nο Yes Nο Yes No A CITY OF COLORADO SPRINGS 196626CV5 07/01/2006 15,000,000. SEE PART VI В С D **Proceeds** R C D Α 5,936,125. 15,000,000. Capital expenditures from proceeds 15,000,000. 2007 Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a current refunding issue? Χ 15 Were the bonds issued as part of an advance refunding issue? Χ 16 Has the final allocation of proceeds been made? Χ 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Χ Part III Private Business Use Α В С D Yes No Yes No Yes No 1 Was the organization a partner in a partnership, or a member of an LLC, Yes No which owned property financed by tax-exempt bonds? Χ 2 Are there any lease arrangements that may result in private business use of bond-financed property? Χ

Page 2 Schedule K (Form 990) 2013

Pai	rt III Private Business Use (Continued)	CITY OF COLORADO SPRINGS, COLORADO									
			Α			В		С	D		
3a	Are there any management or service contracts that may result in private busines	ss Y	es	No	Yes	No	Yes	No	Yes	No	
	use of bond-financed property?			Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside couns to review any management or service contracts relating to the financed property?	sel									
С	Are there any research agreements that may result in private business use of bon financed property?	l l		Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth outside counsel to review any research agreements relating to the financed property?	er									
4	Enter the percentage of financed property used in a private business use by entition other than a section 501(c)(3) organization or a state or local government			%		%		%		%	
5	Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization another section 501(c)(3) organization, or a state or local government	n,		%	I .	%		%		%	
6	Total of lines 4 and 5			%		%		%		%	
7	Does the bond issue meet the private security or payment test?		ζ								
8a	Has there been a sale or disposition of any of the bond-financed property to a non- governmental person other than a 501(c)(3) organization since the bonds were issued	?.		Х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?										
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		ζ								
Pai	rt IV Arbitrage				1						
			Α	1		В		С	ı	)	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction at	nd Y	es	No	Yes	No	Yes	No	Yes	No	
•	Penalty in Lieu of Arbitrage Rebate?			Х							
2	If "No" to line 1, did the following apply?							'		•	
	Rebate not due yet?		ζ								
b	Exception to rebate?			Х							
	No rebate due?			Х							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate	te									
	computation was performed	l l									
3	Is the bond issue a variable rate issue?	-		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge wi	th									
	respect to the bond issue?			X							
b	Name of provider					-				1	
	Term of hedge										
	Was the hedge superintegrated?										
е	Was the hedge terminated?										

JSA 3E1296 1.000

Schedule K (Form 990) 2013

Part IV Arbitrage (Continued)								
	Α		В		С		[	)
	Yes	Yes No		Yes No		No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								
		A		3		С		)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
		X						
Part VI Supplemental Information. Provide additional information for responses to	o question	is on Sche	eaule K (se	e instruct	ions).			

Schedule K (Form 990) 2013

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K PART I LINE A COLUMN F

THE PHYSICAL EXPANSION OF THE CORPORATION'S CURRENT BUILDING.

JSA 3E1511 2.000

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

84-0406947

COLORADO	SPRINGS	FINE	ARTS	CENTER
Part I Ty	ypes of Pro	perty		
				(a)

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art	X	1.	130,300.	OPINIONS	OF I	EXPE	RTS
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►() Number of Forms 8283 received	h 4h.a. a.u.u.a						
29	which the organization completed I	, ,	,		29			
	which the organization completed i	01111 0203,	rait IV, Dollee Acknowledg	ement			Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prope	rtv reported in Part I. line	s 1-28. that			
	it must hold for at least three yea							
	used for exempt purposes for the e					30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a		ance policy that require	s the review of any r	on-standard			
	contributions?					31	Х	
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2013)

33

describe in Part II.

Schedule M (Form 990) (2013) Page **2** 

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M PART I LINE 1 COLUMN B

AMOUNT REPRESENTS NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) (2013)

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

COLORADO SPRINGS FINE ARTS CENTER

84-0406947

FORM 990 PART VI SECTION A LINE 6

MEMBERSHIP IN THE FINE ARTS CENTER SHALL BE AVAILABLE TO ANY NATURAL PERSON WHO SHALL SIGNIFY IN WRITING HIS OR HER DESIRE TO BECOME A MEMBER AND WHO SHALL PAY THE CURRENT ANNUAL DUES FOR THE CLASS OF MEMBERSHIP SELECTED. THE CLASSES OF MEMBERSHIP AND THE QUALIFICATIONS, RIGHTS, PRIVILEGES AND ANNUAL DUES FOR THE DIFFERENT CLASSES OF MEMBERSHIP SHALL BE AS DETERMINED BY THE BOARD OF TRUSTEES FROM TIME TO TIME. MEMBERSHIPS ARE NON-TRANSFERABLE AND DUES PAID ARE NONREFUNDABLE.

FORM 990 PART VI SECTION A LINE 7A

UNLESS OTHERWISE EXPRESSLY DESIGNATED BY THE BOARD OF TRUSTEES, EACH
CLASS OF MEMBERS SHALL BE A CLASS OF VOTING MEMBERS. EACH VOTING MEMBER
SHALL BE ENTITLED TO CAST ONE VOTE AT ALL REGULAR AND SPECIAL MEETINGS OF
COLORADO SPRINGS FINE ARTS CENTER MEMBERS. IN ORDER TO CAST A VOTE, A
MEMBER MUST BE PRESENT IN PERSON. VOTING BY PROXY IS NOT ALLOWED. IN THE
CIRCUMSTANCE WHERE MORE THAN ONE PERSON SHARES A SINGLE MEMBERSHIP, EACH
SUCH PERSON SHALL BE CONSIDERED A MEMBER AND SHALL HAVE ONE VOTE.
TWENTY-FIVE MEMBERS SHALL CONSTITUTE A QUORUM AT ANNUAL MEETINGS OF THE
MEMBERS. FIFTY MEMBERS SHALL CONSTITUTE A QUORUM AT SPECIAL MEETINGS OF
THE MEMBERS.

FORM 990 PART VI LINE 11

PRIOR TO FILING, A DRAFT OF FORM 990 IS FIRST REVIEWED BY THE BOARD OF TRUSTEES' FINANCE COMMITTEE IN DETAIL. AFTER ANY NEEDED CHANGES ARE

MADE, THE FORM 990 IS MADE AVAILABLE FOR THE ENTIRE BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990 PART VI SECTION B LINE 12C

THE FINE ARTS CENTER REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. EACH BOARD OF TRUSTEE

MEMBER IS REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. THE

BOARD OF TRUSTEES' EXECUTIVE COMMITTEE REVIEWS ANNUALLY THIS POLICY TO

ENSURE COMPLIANCE.

FORM 990 PART VI SECTION B LINE 15

THE EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES TO THE BOARD, AS APPROPRIATE.

THE EXECUTIVE COMMITTEE WILL EVALUATE THE COMPENSATION PROGRAM ANNUALLY AGAINST THE COMPETITIVE MARKET, AND MAY COMMISSION THIS ANNUAL REVIEW BY AN INDEPENDENT CONSULTING FIRM. THE EVALUATION IS REVIEWED IN THE FALL OF EACH YEAR AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS.

FOLLOWING THE FALL REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR
SELECTED KEY EXECUTIVES, BASE SALARIES AND ANNUAL INCENTIVE OPPORTUNITY
ADJUSTMENTS, AND OBJECTIVES AND GOALS FOR THE UPCOMING YEAR'S ANNUAL

Schedule O (Form 990 or 990-EZ) 2013 Page **2** 

Name of the organization

COLORADO SPRINGS FINE ARTS CENTER

84-0406947

INCENTIVE PLAN. THE COMMITTEE REVIEWS AND RECOMMENDS TO THE BOARD SALARY APPROVAL AND INCENTIVE AWARDS FOR THE CHIEF EXECUTIVE.

FORM 990 PART VI SECTION C LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FORM 990 ARE AVAILABLE UPON REQUEST AND ON THE WEBSITE OF OTHERS, SUCH AS GUIDESTAR.

FORM 990 PART VII SECTION A #24

ANITA ROHILLA SERVED AS A CONTRACT CFO APPROXIMATELY 20 HOURS PER WEEK WITH WOODLEY HILDERBRAND & SANDERS LLP DURING THE PERIOD FROM JULY - SEPTEMBER 2014.

FORM 990 PART XI LINE 5

CHANGE IN FAIR MARKET VALUE OF INTEREST RATE SWAP:

\$37,184

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS EXPENSES	REVENUE
ACQUISITIONS OF ART	133,120.	
EVENTS	892,534.	83,096.
TOTALS	1,025,654.	83,096.

ATTACHMENT 2

#### FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GALA	121,590.	67,533.	54,057.
MUSEUM SOCIETY	54,905.	45,084.	9,821.

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization

COLORADO SPRINGS FINE ARTS CENTER

Employer identification number

84-0406947

ATTACHMENT 2 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
OTHER EVENTS	8,909.	2,165.	6,744.
TOTALS	185,404.	114,782.	70,622.

	ATTACHMENT 3
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	. 122,170.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	. 116,949.
SUBTOTAL	116,949.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	116,949.

(c) Legal domicile (state

or foreign country)

Name, address, and EIN (if applicable) of disregarded entity

#### **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Primary activity

OMB No. 1545-0047 Open to Public Inspection

Direct controlling

(e) End-of-year assets

Total income

Name of the organization Employer identification number COLORADO SPRINGS FINE ARTS CENTER 84-0406947

			or loreigh country)			CIII	iity
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	Complete if the or he tax year.	rganization answ	ered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conf	(g) 512(b)(13) trolled tity?
						Yes	No
COLO SPRINGS FINE ARTS CENTER FOUNDATION 84-1303516  30 WEST DALE STREET COLORADO SPRINGS, CO 80903	SEE PART VII	CO	501(C)(3)	11(1)	SEE PART VII	Х	
_(2)	-						
_(3)	_						
_(4)							
	_						
_(6)							
	_						
For Panerwork Poduction Act Notice, see the Instructions for Form 900					Sahadula	<u> </u>	222) 2242

aperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

JSA 3E1307 1.000 Schedule R (Form 990) 2013

Part III Identification of Relate because it had one or r	ed Organizations more related orga	Taxable inizations	e as a Partnersh s treated as a pa	<b>ip</b> Complete if the cartnership during the	organization an e tax year.	swered "Yes" o	on Fo	orm	990, Part IV, I	ne 3	4															
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		(k) Percentage ownership
		Country)		000110110 012 011)			Yes	No		Yes	No															
(1)																										
(2)																										
(3)																										
(4)																										
(5)																										
(6)																										
(7)																										

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

				, ,					
(a) Name, address, and EIN of related organization	<b>(b)</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 income	(g) Share of end-of-year assets	(h) Percentage ownership	Secti 512(b) contro entity	)(13) olled
								Yes N	
(1)									
(2)									_
(3)									_
(4)									_
(5)									_
(6)									_
(7)									_
<u> </u>		•						-1	_

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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Scriedule K (FO	uiii 990/ 2015	raç
Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1р		Х
a a	Reimbursement paid by related organization(s) for expenses	1q		Х
•				
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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 three	sholds	 S.	
	(a) (b) (c)  Name of related organization Transaction Amount involved Method	(d)		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) COLORADO SPRINGS FINE ARTS CENTER FOUNDATION	С	830,008.	CASH PAYMENT
(2)			
(3)			
(4)			
(5)			

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(6)

Schedule R (Form 990) 2013

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

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

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicile (state or foreign country)		Predominant income (related, unrelated, excluded from tax under			(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(4)			section 512-514)	Yes	No			Yes	No	( 1 111,	Yes	No	
(1)													
(2)													
(3)													
(4)													
<u>(5)</u>													
<u>(6)</u>													
<u>(7)</u>													
<u>(8)</u>													
<u>(9)</u>													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 Page **5** 

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R PART II COLUMN B

COLORADO SPRINGS FINE ARTS CENTER FOUNDATION PRIMARY ACTIVITY: MANAGE

ASSETS FOR THE CENTER

SCHEDULE R PART II COLUMN F

COLORADO SPRINGS FINE ARTS CENTER FOUNDATION DIRECT CONTROLLING ENTITY:

COLORADO SPRINGS FINE ARTS CENTER

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) 09/01 , 2013, and ending 08/31,2014 For calendar year 2013 or other tax year beginning ➤ See separate instructions.

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Check box if Name of organization ( Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed **B** Exempt under section COLORADO SPRINGS FINE ARTS CENTER Print X | 501( C )( 3 ) Number, street, and room or suite no. If a P.O. box, see instructions. 84-0406947 E Unrelated business activity codes 408(e) 220(e) Type (See instructions.) 30 WEST DALE STREET 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets COLORADO SPRINGS, CO 80903 722410 at end of year Group exemption number (See instructions.) ▶ 31,785,729. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ ATTACHMENT During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ ANITA ROHILLA Telephone number ▶ 719-477-4323 Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses Gross receipts or sales 86,319. Less returns and allowances c Balance ▶ Cost of goods sold (Schedule A, line 7) 2 30,211. 2 56,108. 56,108. Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Form 8949 and Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts С 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule.) 12 56,108. 56,108. Total. Combine lines 3 through 12. 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 14 17,586. 15 Salaries and wages 15 7,152. 16 Repairs and maintenance 16 17 Interest (attach schedule) 18 18 1,761. 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules.) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26

JSA For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

27

28

29

30

31

32

33

Excess readership costs (Schedule J)

Form **990-T** (2013)

33,787.

60,286.

-4,178.

-4,178.

-4.178.

1,000.

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Net operating loss deduction (limited to the amount on line 30)

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

27

30

31

32

Par	t III	Tax Computation										
35	Organi	izations Taxable as C	Corporations. Se	e instruction	ns fo	or tax compu	itation. Controlled	group				
	membe	rs (sections 1561 and 1560	3) check here 🕨	See inst	tructi	ons and:						
	1 -	our share of the \$50,000	, \$25,000, and \$	9,925,000 t			ckets (in that orde	r):				
	(1) \$		(2)			3) \$						
b	Enter o	rganization's share of: (1) Ad	ditional 5% tax (no	t more than \$	311,7	50)	. \$					
	(2) Add	itional 3% tax (not more tha	ın \$100,000)				. \$					
		tax on the amount on line 3							35c			
36	Trusts					•	ation. Income t					
0.7							11)		36			
37 38		ax. See instructions							37			
	Total. A	tive minimum tax add lines 37 and 38 to line 3	35c or 36. whicheve	er applies					38			
		Tax and Payments		э. арриоо 	<del></del>				39			
		tax credit (corporations atta	ach Form 1118: tru	sts attach For	m 11	16)	l0a					
	•	redits (see instructions)	•			/ <del> </del>	lOb					
		I business credit. Attach For					10c					
		or prior year minimum tax (					l0d					
		redits. Add lines 40a through							40e			
41		et line 40e from line 39							41			
42	Other ta	xes. Check if from: Form 42	255 Form 8611	1 Form 8	8697	Form 8866	Other (attach sc	hedule) .	42			
43	Total ta	x. Add lines 41 and 42							43			C
44 a	Paymer	nts: A 2012 overpayment cr	edited to 2013			4	14a					
b	2013 es	stimated tax payments				4	l4b					
С	Tax dep	oosited with Form 8868				4	14c		-			
	·	organizations: Tax paid or	•		,		l4d		-			
	•	withholding (see instruction	•				14e		-			
		or small employer health ins					14f		-			
g		redits and payments: orm 4136	Form 2	439		Total <b>&gt;</b>	140					
45		ayments. Add lines 44a thro							45			
46		ed tax penalty (see instructi							46			
47		e. If line 45 is less than the							47			
48		yment. If line 45 is larger th						_	48			
49		e amount of line 48 you want: <b>Cr</b>				aou 010.pa.		nded 🕨	49			
Par	t V	Statements Regard	ling Certain A	ctivities a	and	Other Info	rmation (see ins	struction	s)			
1	-	time during the 2013 calen	•	-			-				Yes	No
	accoun	t (bank, securities, or other) i	in a foreign country	? If YES, the c	organ	zation may hav	e to file Form TD F	90-22.1,	Report of	of Foreign		
		nd Financial Accounts. If YES	-	ŭ								Х
		the tax year, did the organiz				as it the grant	or of, or transferor t	o, a fore	gn trust	t?		X
	•	see instructions for other for	· ·	•		► ↑						
3 Sob		ne amount of tax-exempt int  A - Cost of Goods S										
1		ry at beginning of year . 1		ioa oi inveni			nd of year		6			
2		ses 2		30,211.	l		<b>ods sold.</b> Subtra					
3		labor 3		30,211.	'	ū	5. Enter here					
		nal section 263A costs							7		30,	211.
		schedule) 4a	a		8		es of section 20		$\overline{}$	spect to	Yes	No
b		osts (attach schedule) 4k					oduced or acqui	,		•		
5		add lines 1 through 4b 5		30,211.			ation?					Х
		penalties of perjury, I declare that				npanying schedules	and statements, and to				elief, it	is true,
Sigr	Correc	ct, and complete. Declaration of prepa	ner (omer man raxpayer)	is Dased on all Info	omatic	on willon prepare	паs апу кпоwiedge.	M	av the	IRS discuss	this r	return
Here	e   🚩									preparer sh		
	Sign	ature of officer		Date		Title	_	(se	e instructi	7 22 1	es	No
Paid		Print/Type preparer's name		Preparer's sig	gnatur	е	Date	Chec	k L if			
Prep		DOREEN B MERZ		<u> </u>					employed			
	Only		IAN KAST RYAI			400				84-150		
		Firm's address > 102 N.				400		Phon	e no.	719-63		
		COLORA	DO SPRINGS,	CO 809	U 3					Form 9	7U-1	(2013)

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Page 3 Form 990-T (2013)

Schedule C - Rent Income (see instructions)	e (From Real Pi	operty a	and Personal Prope	erty	Leased Wi	th Real Prope	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accru	ued						
(a) From personal property (if the for personal property is more than 50%)	From real and personal pro tage of rent for personal pro or if the rent is based on pro	operty	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of content and on page 1, Part I, line 6 Schedule E - Unrelated De	, column (A)	. •	see instructions)			(b) Total deduction Enter here and o Part I, line 6, column	n page 1,		
<u> </u>		(S	,		3. De	ductions directly co	nnected w	ith or allocable to	
1. Description of deb	t-financed property		2. Gross income from allocable to debt-finance property			debt-finan line depreciation schedule)	nced property (b) Other deductions (attach schedule)		
(1)					(	,	,		
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4. Amount of average acquisition debt on or allocable to debt-financed 5. Average adjusted basis of or allocable to debt-financed property		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					
(2)				%					
(3)				%					
(4)				%					
Totals Total dividends-received deduct	ions included in co	lumn 8			Part I, line	and on page 1, 7, column (A).		ere and on page 1, line 7, column (B).	
Schedule F - Interest, Ann	uities Rovaltie	es and F	Rents From Contro	lled	Organizati	ons (see instri	ictions)		
ochedule i - interest, Am	idities, Royalti		xempt Controlled Or			Olis (see mstre	ictions)		
Name of controlled organization	2. Employer identification nur		3. Net unrelated income (loss) (see instructions)	<b>4.</b> To	otal of specified yments made	ecified included in the controlling connected		6. Deductions directly connected with income in column 5	
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organ	nizations	<u>'</u>							
7. Taxable Income	8. Net unrelated (loss) (see instr		9. Total of specifi payments made		include	included in the controlling connected wi		Deductions directly nnected with income in column 10	
(1)									
(2)									
(3)				_					
(4)									
					Enter h	columns 5 and 10. here and on page 1, line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, irt I, line 8, column (B).	
Totals	<u></u>	<u></u>	<u></u>	<u>.</u> .)	<u> </u>				
					_		•	000 T	

Form **990-T** (2013)

Page 4

Schedule G - Investment In	come of a Sec	ction 501(c	)(7),	(9), or (17) Orga	nizat	ion (see inst	ruct	tions)		
1. Description of income	2. Amount o	f income		3. Deductions directly connected (attach schedule)		4. Se (attach			5. Total deductions and set-asides (col. 3 plus col. 4)	
<u>(1)</u>										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, c								Enter here and on page 1 Part I, line 9, column (B)	
Totals ▶										
Schedule I - Exploited Exe	mpt Activity In	come, Othe	r Th	an Advertising In	com	<b>e</b> (see instru	ctio	ns)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	sss) from ated trade or ess (column us column lf a gain, oute cols. 5  5. Gross income from activity that is not unrelated business income of the column 5		<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)										
(2)							Т			
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col.	t I,						Enter here and on page 1, Part II, line 26.	
Totals										
Schedule J - Advertising In										
Part I Income From Per	iodicals Report	ted on a Co	nsoli	idated Basis	1					
1. Name of periodical	2. Gross advertising income	3. Direct advertising of	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	6	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										
Part II Income From Per 2 through 7 on a l			Sepa	rate Basis (For e	each	periodical I	iste	ed in Part	II, fill in columns	
1. Name of periodical	2. Gross advertising income	3. Direct advertising of		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	€	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)							$\Box$			
(3)										
(4)										
Totals from Part I										
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Pai line 11, col.	rt I						Enter here and on page 1, Part II, line 27.	
Schedule K - Compensatio	n of Officers C	Directors a	nd Tr	· <b>IIStees</b> (see instri	ıction	<u>s)</u>				
1. Name	<u></u>			<b>2.</b> Title		3. Percent of time devoted to business			ensation attributable to related business	
(1) ATCH 3							%			
(2)							<del></del> %			
(3)							%			
(4)							%			
Total. Enter here and on page 1, P	art II, line 14				<u></u> .		▶			
JSA									Form <b>990-T</b> (2013	

Form **990-T** (2013)

#### ATTACHMENT 1

# ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

FOOD & BEVERAGE SALES AT FAC FACILITIES RENTED BY 3RD PARTIES

#### ATTACHMENT 2

## FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INSURANCE	733.
COMMISSIONS	2,397.
SECURITY	4,800.
UTILITIES	15,338.
INSURANCE	1,477.
CLEANING/MAINTENANCE SUPPLIES	9,042.
PART II - LINE 28 - OTHER DEDUCTIONS	33,787.

ATTACHMENT 3

#### SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MIKE PAPA 30 WEST DALE STREET COLORADO SPRINGS, CO 80903	TRUSTEE	0	0
ALLISON SCOTT 30 WEST DALE STREET COLORADO SPRINGS, CO 80903	TRUSTEE	0	0
TRENT STAFFORD 30 WEST DALE STREET COLORADO SPRINGS, CO 80903	TRUSTEE	0	0
VIC TISE 30 WEST DALE STREET COLORADO SPRINGS, CO 80903	TRUSTEE	0	0
BLAKE WILSON 30 WEST DALE STREET COLORADO SPRINGS, CO 80903	TRUSTEE	0	0
JOHN WILSON 30 WEST DALE STREET COLORADO SPRINGS, CO 80903	TRUSTEE	0	0
FRAN ZANKOWSKI 30 WEST DALE STREET COLORADO SPRINGS, CO 80903	TRUSTEE	0	0
NEICHIE HALL 30 WEST DALE STREET COLORADO SPRINGS, CO 80903	INTERIM CEO FEB - JUNE 2014	0	0
TOTAL COMPENSATION			0