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# SCANNED NOV 0 1

Form 990-EZ

Department of the Treasury Internal Revenue Service

**Short Form Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545 1150

2010

Open to Public

B once strapetable   Colorado Springs Debutante Ball   Ba4-6055571   Endeptore number   Colorado Springs, CO 80906   F Group Exemption   Colorado Springs   Colorado Springs   F Group Exemption   Colorado Springs   F Group Exemption   Colorado Springs   F Group Exemption   F Group Springs   F Group Springs   F Group Exemption   F Group Springs   F Group Exemption   F Group Springs   F Group Exemption   F Group Springs	Α	For t	he 2010 ca	lendar year, or tax year beginning 3/01 , 2010, and ending	_2/28	_	, 2011
Committee   Inc.   Committee   Inc.   Committee   Inc.   Colorado Springs, CO 80906   F. Group Exemption	В_	Check	ıf applicable	C		D Employer	dentification number
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Colorado Springs, CO 80906   F Group Exemption   F Group Exempti	⊢	Initial i	return	216 West Cheyenne Mountain Blvd.			
Accounting Method.   Cash   X   Accrual Other (specify)   Methods   Number   Numbe	-	1		Colorado Springs, CO 80906			·
Comparing Method.   Cash   X   Accrual Other (specify)   Cash   Website: N/A   Yes   Website: N/A   Yes	⊢	1					xemption
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Tax-exempt status (ck only rosp)	G		· ·			<► 🛛 ifth	e organization is <b>not</b>
Receive	ı	Webs	site: ► <u>N</u>	· · · · · · · · · · · · · · · · · · ·	requir	ed to attach	Schedule B (Form
S50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.    Land lines 5b, 6c, and 7b, 1o line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Set III, line 25, column (8) below) are \$50,000 or more, the form 990 instead of Form 990-EZ.   Society of the organization used Schedule 0 to respond to any question in this Part	J	Tax-e				·	
organization chooses to file a return, be sure to file a complete return.  Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets 6, 62 and 7b, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets 6, 62 and 7b, to line 9 to determine gross receipts are \$200,000 or more, the Form 990 instead of Form 990-EZ or if total assets or Forn Balances (See the instructions for Part I.)  Check if the organization used Schedule 0 to respond to any question in this Part I	K		:k ► ∐ıf	the organization is not a section 509(a)(3) supporting organization and its gross re	ceipts are	normally n	ot more than
LAdd lines 5b, 6c, and 7b, 1b line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total essets (Part II, ine 2b, column (8) below) are \$300,000 or more, the Form 990 instead of Form 990-E2 (Part II.) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part II.)    Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part I I 11, 990.    1		\$50,0	000. A Forr	n 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	be require	ed (see instr	uctions). But if the
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c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent described by the series of the companient of the series of the se		Ь	Less. cos	t of goods sold 7b			
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) RECEIVED  11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent defiractor 2011  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  21 87,661.		8	Other reve	enue (describe in Schedule O) See Schedu	ıle O	8	2.665.
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at end of year Combine lines 18 through 20  10 13,000.  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent definators 2011  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 87, 661.		9		· · · · · · · · · · · · · · · · · · ·		- t	
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent doctractors 2011 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 87, 661.				Cal Cabada	110 0		
Salaries, other compensation, and employee benefits  12 Professional fees and other payments to independent defiractors 2011  13 Professional fees and other payments to independent defiractors 2011  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20.				'KEUEIVELJ	ше 0	— <del>— —</del>	13,000.
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20.	E			office comments and analysis to the		<del></del>	
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20.	ž			other compensation, and employee benefits			405
Solution of the spenses (describe in Schedule O)  16	Ë			nal fees and other payments to independent doubtractors 6411		-	435.
Solution of the spenses (describe in Schedule O)  16	S	14				14	
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20.	S	15	Printing, p			15	6,191.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 87, 661.		16	•	enses (describe in Schedule O)	ıle O	16	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  19  74,006.  20  21  87,661.		17	Total expe	enses. Add lines 10 through 16		<b>►</b> 17	105,015.
figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20.  19 74,006.  20 21 87,661.		18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			<u>13,65</u> 5.
figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20.  19 74,006.  20 21 87,661.	A	10	Not accet	s or fund halances at heginning of year (from tine 27, column (A)) (much cores with	h and af ·	(A)	_ <del></del>
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 87, 661.	N S	19	figure rep	orted on prior year's return)	n <del>e</del> na-or-y	real	74.006.
S 21 Net assets or fund balances at end of year Combine lines 18 through 20 P 21 87, 661.	ŤĒ	20		· · · · · · · · · · · · · · · · · · ·			
	Ś			- · · · · · · · · · · · · · · · · · · ·		<del> </del>	87 661
	BA						

	Balance Sheets. (see the instance Check if the organization used Sche	structions for Part II.) dule O to respond to any que	estion in this Part II				X
				<b>(A)</b> Be	eginning of yea		(B) End of year
22	Cash, savings, and investments				74,006.	-	100,661.
23						23	
24			)		74.006	24	100 661
25	Total assets	Coo Cobodula O		<del></del>	74,006.		100,661.
	Total liabilities (describe in Schedule O)		)		74,006.	26 27	13,000. 87,661.
	Net assets or fund balances (line 27 of co			Dart III		21	
î, Gî	Check if the organization used Sci					(Real	Expenses uired for section
What	s the organization's primary exempt purpose? See		acstorrin this rare			501 (c	:)(3) and 501(c)(4)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	organization's exempt purpo	ses. In a clear and	concise	manner,		nizations and section (a)(1) trusts, optional
desc proq	ribe the services provided, the number of ram title.	persons benefited, and other	relevant informatio	n for ea	ch		hers)
28	Annual debutante ball fro	m which the net pr	oceeds are	contri	ibuted		
	to not-for-profit organiz						
	(Grants \$ ) If the	s amount includes foreign gr	ants, check here		<b>&gt;</b>	28 a	105,015.
29							
	(0)					20.0	
30	(Grants \$ ) If the	s amount includes foreign gra	ants, cneck nere			29 a	
30							
	(Grants \$ ) If the	s amount includes foreign gr	ants, check here			30 a	
31	Other program services (describe in Sche				<u> </u>		<del></del>
		s amount includes foreign gra	ants, check here		▶ □	31 a	
32	Total program service expenses (add line	es 28a through 31a)			•	32	105,015.
Par	List of Officers, Directors,				f not compensated	(see t	he instructions for Part IV
	Check if the organization used Sc						<u> X</u>
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation not paid, enter -0	(It emi	(d) Contributions ployee benefit plan		(e) Expense account and other allowances
	(a) Hame and address	to position	not para, onto	• d	eferred compensat	ion	and other anomalies
See	_Schedule_Q						
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RΔΔ		TEFAN812L (	2019/11				Form <b>990-F7</b> (2010)

84-6053571

Form 990-EZ (2010) Colorado Springs Debutante Ball

Forn	1990-EZ (2010) Colorado Springs Debutante Ball 84-605357			age <b>3</b>
Pai	Other Information (Note the statement requirements in the instructions for Part V.) See Sch	edul	.e 0	
	Check if the organization used Schedule O to respond to any question in this Part V			X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.			
á	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		<u>x</u>
ŧ	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36_		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0.  Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter.			
	ı Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities.  39b N/A			
40 a	section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  section 4911 ►			
ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			1
٠	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь		Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	,		
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None			
t	Telephone no (719)  Located at 216 West Cheyenne Mountain Blvd. Colorado Springs CO ZIP + 4 80906  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country		- 980 Yes	No X
44 a	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	44a 44b 44c		N/A N/A No X X
ВАА	Schedule Q .	44 d		2010
эмм	TEEA0812L 02/18/11 Fo.	m <b>990</b>	- <b>LZ</b> (	∠U I U)

•					<u></u>	
	ny related organization a controlled entity o				45	X
<b>a</b> Did to of se	he organization receive any payment from ection 512(b)(13)? If 'Yes,' Form 990 and S	or engage in any trans schedule R may need to	action with a controlled be completed instead	entity within the meaning of Form 990-EZ (see inst.)	) 45a	X
	he organization engage, directly or indirectly or indirectly or public office? If 'Yes,' complete					Sec. 1
Darkivie	Section 501(c)(2) organizations	Schedule C, Part I	(a)(1) = a = a = a = a = a = a = a = a = a =	alaanka kila kanada aasi	46	<u> </u>
a ditevis	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	ction 4947(a)(1) no	nexempt charitable	e trusts must answer	questions	on
	Check if the organization used Schedule	e O to respond to any qu	uestion in this Part VI			
			· · · · · · · · · · · · · · · · · · ·		Ye:	s No
	he organization engage in lobbying activiti				47	X
	e organization a school as described in se			lule E	48	X
	he organization make any transfers to an		elated organization?		49 a	X
<b>b</b> If 'Ye	es,' was the related organization a section	527 organization?			49 b	
<b>50</b> Com	plete this table for the organization's five h	nighest compensated en	pployees (other than of	ficers, directors, trustees	and key	
emp	oyees) who each received more than \$100					
(a	) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowand	d
None				·		
			,			
		`		]		
				]		
					-	
						-
1						
	number of other employees paid over \$10		<u> </u>			
<b>51</b> Com	plete this table for the organization's five h	inchest compensated inc	dependent contractors	who each received more the	han \$100,000	of
<b>51</b> Com	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None '		1		
51 Com	plete this table for the organization's five h	nighest compensated inc none, enter 'None '		who each received more the (b) Type of service	han \$100,000	
<b>51</b> Com	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None '		1		
51 Com	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None '		1		
51 Com	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None '		1		
51 Com	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None '		1		
51 Com	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None '		1		
51 Com	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None '		1		
51 Com	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None '		1		
51 Com	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None '		1		
51 Com	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None '		1		
None	piete this table for the organization's five hoensation from the organization. If there is  (a) Name and address of each independent contributions.	nighest compensated inc none, enter 'None ' actor paid more than \$100,000		1		
None  d Total	plete this table for the organization's five hoensation from the organization. If there is  (a) Name and address of each independent contractors	each receiving over \$10	00,000	(b) Type of service		
None  d Total	piete this table for the organization's five hoensation from the organization. If there is  (a) Name and address of each independent contributions.	each receiving over \$10 te. All section 501(c)(3)	00,000	(b) Type of service		
None  d Total tchari	plete this table for the organization's five hoensation from the organization. If there is  (a) Name and address of each independent contractors or the organization complete Schedule A? No table trusts must attach a completed Schedule As Chedule As Ched	each receiving over \$10 dule A	00,000 Porganizations and 4947	(b) Type of service	(c) Compensa	tion
None  d Total tchari	plete this table for the organization's five hoensation from the organization. If there is  (a) Name and address of each independent contractors in the organization complete Schedule A? No	each receiving over \$10 dule A	00,000 Porganizations and 4947	(b) Type of service	(c) Compensa	tion
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None  d Total  52 Did ti chari  Under penalitrue, correct,	number of other independent contractors he organization complete Schedule A? No table trusts must attach a complete Schedule Sche	each receiving over \$10 dule A	00,000 Porganizations and 4947	7(a)(1) nonexempt the best of my knowledge and believeledge	(c) Compensa	tion
None  d Total  52 Did ti chari  Under penaltirue, correct,	number of other independent contractors he organization complete Schedule A? No table trusts must attach a complete Schedule Ascheres of periory, I declare that I have examined this return and complete Declaration of prepare (wither than office and complete Declaration of prepare).	each receiving over \$10 dule A	00,000 Porganizations and 4947	(b) Type of service  7(a)(1) nonexempt the best of my knowledge and beliefedge	(c) Compensa	tion
None  d Total  52 Did ti chari  Under penalitrue, correct,	number of other independent contractors he organization complete Schedule A? No table trusts must attach a complete Schedule As no table trusts must attach a c	each receiving over \$10 dule A	00,000 Porganizations and 4947	(b) Type of service  7(a)(1) nonexempt the best of my knowledge and believeldge Date  Treasurer	(c) Compensa	tion
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None  d Total  52 Did ti chari  Under penalitirue, correct,  Sign  Here	number of other independent contractors  (a) Name and address of each independent contractors  the organization complete Schedule A? No table trusts must attach a completed Scheles of perjory, I declare that I have examined this return and complete Declaration of prepare (other than office)  Alison Heintz  Type or print name and title  Print/Type preparer's name  Judith E Cox  Firm's name Cox & Associates	each receiving over \$10 dule A , including accompanying scheer) is based on all information of CPA, PC	00,000 Porganizations and 4947  dules and statements, and to of which preparer has any kno	(b) Type of service  7(a)(1) nonexempt  the best of my knowledge and believeledge  Date  Treasurer  Check if PTIN self employed N/	(c) Compensal	tion
None  d Total  52 Did ti chari  Under penalitirue, correct,  Sign  Here	number of other independent contractors he organization complete Schedule A? No table trusts must attach a complete Schedule Schedule declaration of prepare (other than officer)  Alison Heintz Type or print name and title  Print/Type preparer's name  Judith E Cox  Firm's name Cox & Associates Firm's address 1490 Golden Hill	each receiving over \$10 dule A production action and more than \$100,000 dule A production accompanying scheen is based on all information of the Road	00,000 Porganizations and 4947  dules and statements, and to of which preparer has any kno	(b) Type of service  7(a)(1) nonexempt the best of my knowledge and believedge Date  Treasurer  Check if PTIN self employed N/A	(c) Compensa	No
None  d Total  52 Did ti chari  Under penaltirue, correct,  Sign Here  Paid Preparer Jse Only	number of other independent contractors  (a) Name and address of each independent contractors  the organization complete Schedule A? No table trusts must attach a completed Scheles of perjory, I declare that I have examined this return and complete Declaration of prepare (other than office)  Alison Heintz  Type or print name and title  Print/Type preparer's name  Judith E Cox  Firm's name Cox & Associates	each receiving over \$10 te. All section 501 (c) (3) dule A nocluding accompanying scheen) is based on all information of the Road S. CO 80919	00,000 Porganizations and 4947 dules and statements, and to of which preparer has any kno	(b) Type of service  7(a)(1) nonexempt  the best of my knowledge and believeledge  Date  Treasurer  Check if PTIN self employed N/	(c) Compensa	No

84-6053571

Page 4

Form 990-EZ (2010) Colorado Springs Debutante Ball

### 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.

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545 0047

Name of the organization

Colorado Springs Debutante Ball

Committee, Inc

Employer identification number

84-6053571

Part Part	I∜ Rea	son for Pub	lic Charity Statu	is (All organizations	s must	compl	ete thi	s part	.) See	instruc	tions.		
The or	ganızatıo	n is not a priva	ite foundation becaus	se it is. (For lines 1 throu	igh 11, c	heck on	ly one b	ox.)	-	-			
1	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).												
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3													
4													
,	name, city, and state.												
5 [	An or	ganization opei		of a college or university	owned	or opera	ted by a	govern	mental ı	init desc	ribed in se	ction	
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
8	A con	nmunity trust d	escribed in section 1	<b>70(b)(1)(A)(vi).</b> (Complete	e Part II.	.)							
9 [	from : invest	activities relate Iment income a 30, 1975. See s	d to its exempt funct ind unrelated busine: section 509(a)(2). (Co	•	exception 5	ons, and	(2) no i from bus	more the	an 33-1/3 s acquire	3% of its	support fr	om ar	oss
10	An or	ganization orga	inized and operated	exclusively to test for pu	blic safe	ty See	section	509(a)(4	l).				
11													
	a [	Туре І	<b>b</b> ∏Type Ⅱ	c Type II	I – Fund	ctionally	ıntegrat	ed		d 🗌	Type III -	- Othe	r
<b>e</b> [													
f		organization re this box	eceived a written dete	ermination from the IRS	that is a	Туре І,	Type II	or Type	III supp	orting or	ganızatıon,		
g	Since	August 17, 200	06, has the organizat	ion accepted any gift or	contribu	ution froi	n any o	f the fol	lowing p	ersons?			
												Yes	No
	(i)	A person who obelow, the gov	directly or indirectly o erning body of the si	controls, either alone or t ipported organization?	together	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
	(ii)	A family memb	er of a person descr	ibed in (i) above?							11 g (ii)		
	(iii)	A 35% controlle	ed entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
<u>h</u>	Provid	de the following	information about th	ne supported organizatio	n(s).								
		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column ( your go	Is the zation in in in income in inc	the organ	ou notify nization in n (i) of upport?		ation in	(vii) Amour	nt of sup	port
					Yes	No	Yes	No	Yes	No			
				1									
(A)													
<u>(B)</u>						<b>.</b>							
(C)			ļ										
<u>(D)</u>				-									
<u>(E)</u>			A STATE OF THE STATE OF					حسي	:√5₹* • •				
Total													

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

Schedule A (Form 990 or 990-EZ) 2010

## Schedule A (Form 990 or 990-EZ) 2010 Colorado Springs Debutante Ball 84-6053571 Parill 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			<u>.</u>			
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12	
	First five years. If the Form 990 is organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 20		•	e 11, column (f))		14	%_
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14			15	%_
16 a	33-1/3% support test — 2010. If the and stop here. The organization of	ne organization di qualifies as a pub	id not check the b blicly supported or	ox on line 13, and ganization	the line 14 is 33-1	/3% or more, chec	ck this box
t	33-1/3% support test — 2009. If the and stop here. The organization of	ne organization di qualifies as a pub	d not check a boodicly supported or	x on line 13 or 16a ganization	, and line 15 is 33	-1/3% or more, che	eck this box
1 <b>7</b> a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neets the 'facts-a	ind-circumstances	s' test, check this t	oox and stop here.	. Explain in Part IV	0% how ►
b	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a	ınd-cırcumstances	s' test, check this t	oox and <b>stop here.</b>	. Explain in Part IV	how the
	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see instru	ctions -
BAA					Sc	hedule A (Form 99	00 or 990-F7\ 2010

#### Partill 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						
Calen	dar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1							
_	and membership fees received. (Do not include any 'unusual grants.')	13,268.	11,380.	14,260.	10,130.	11,990.	61,028.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's	106,000	00 500	115 575	114 000	100 000	500 455
2	tax-exempt purpose	106,800.	92,500.	115,575.	114,280.	103,000.	532,155.
	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
Э	The value of services or facilities furnished by a governmental unit to the organization without charge			1			0.
	Total. Add lines 1 through 5	120,068.	103,880.	129,835.	124,410.	114,990.	593,183.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ŧ	o Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.			
_	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)	0.	0.	0.	0.	0.	593,183.
Sec	tion B. Total Support	L					030,100.
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
_		120 000			124,410.	114,990.	
9	Amounts from line 6	120,068.	103,880.	129,835.	124,410.	114,990.	593,183.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses	87.	1,214.	937.	1,078.	1,015.	4,331.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	87.	1,214.	937.	1,078.	1,015.	4,331.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses						4,331. 0. 4,331.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV	87. 87.	1,214. 1,214. 1,645.	937. 937. 2,710.	1,078. 1,078. 2,878.	1,015. 1,015. 2,665.	4,331. 0. 4,331. 0. 11,771.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV.	87. 87. 1,873. 122,028.	1,214. 1,214. 1,645. 106,739.	937. 937. 2,710. 133,482.	1,078. 1,078. 2,878. 128,366.	1,015. 1,015. 2,665. 118,670.	4,331. 0. 4,331.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and	87. 87. 1,873. 122,028. s for the organizat	1,214.  1,214.  1,645.  106,739.  son's first, second	937. 937. 2,710. 133,482.	1,078. 1,078. 2,878. 128,366.	1,015. 1,015. 2,665. 118,670.	4,331. 0. 4,331. 0. 11,771.
10 a  11  12  13  14  Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	87.  1,873. 122,028. s for the organizat stop here blic Support F	1,214.  1,214.  1,645.  106,739.  ion's first, second	937. 937. 2,710. 133,482. , third, fourth, or f	1,078. 1,078. 2,878. 128,366.	1,015. 1,015. 2,665. 118,670.	4,331. 0. 4,331. 0. 11,771. 609,285. ►□
10 a  E  11  12  13  14  Sec  15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	1,873. 122,028. s for the organizat stop here blic Support F	1,214.  1,214.  1,645. 106,739. ion's first, second Percentage (f) divided by line	937. 937. 2,710. 133,482. , third, fourth, or f	1,078. 1,078. 2,878. 128,366.	1,015.  1,015.  2,665.  118,670. section 501(c)(3)	4,331. 0. 4,331. 0. 11,771. 609,285. ►□
10 a  11  12  13  14  Sec  15  16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV.  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu. Public support percentage from 20.	1,873. 122,028. s for the organizat stop here blic Support F 10 (line 8, column 2009 Schedule A, F	1,214.  1,214.  1,645. 106,739. Ion's first, second Percentage (f) divided by line Part III, line 15	937. 937. 2,710. 133,482. , third, fourth, or fill	1,078. 1,078. 2,878. 128,366.	1,015.  1,015.  2,665.  118,670. section 501(c)(3)	4,331. 0. 4,331. 0. 11,771. 609,285. ►□
10 a  11  12  13  14  Sec  15  16  Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage from 2 tion D. Computation of Inventors.	1,873. 122,028. s for the organizat stop here blic Support F 10 (line 8, column 2009 Schedule A, Frestment Incor	1,214.  1,214.  1,645. 106,739. Ion's first, second Percentage (f) divided by line Part III, line 15 The Percentage	937. 937. 2,710. 133,482. , third, fourth, or fine (f))	1,078.  1,078.  2,878.  128,366.  ifth tax year as a	1,015.  1,015.  2,665. 118,670. section 501(c)(3)	4,331. 0. 4,331. 0. 11,771. 609,285. ►□ 97.4 % 97.7 %
10 a b c 11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV.  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupulic support percentage for 20. Public support percentage from 2 tion D. Computation of Investment income percentage for	1,873. 122,028. s for the organizat stop here blic Support F 10 (line 8, column 2009 Schedule A, F vestment Incor	1,214.  1,645. 106,739. Ion's first, second Percentage (f) divided by line Part III, line 15 The Percentage olumn (f) divided	937.  937.  2,710.  133,482. , third, fourth, or the second of the secon	1,078.  1,078.  2,878.  128,366.  ifth tax year as a	1,015.  1,015.  2,665.  118,670. section 501(c)(3)	4,331. 0. 4,331. 0. 11,771. 609,285. ►□ 97.4 % 97.7 % 0.7 %
10 a  11  12  13  14  Sec  15  16  Sec  17  18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV.  Total support. (Add Ins 9, 10c, 11, and 12).  First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 20.  Public support percentage from 2.  Investment income percentage for Investment Income Investment	1,873. 122,028. s for the organizat stop here blic Support F 10 (line 8, column 2009 Schedule A, Frestment Incoror 2010 (line 10c, com 2009 Schedule	1,214.  1,214.  1,645.  106,739.  Ion's first, second  Percentage (f) divided by line Part III, line 15  me Percentage olumn (f) divided A, Part III, line 1	937.  937.  2,710.  133,482. , third, fourth, or the second of the secon	1,078.  1,078.  2,878.  128,366.  fifth tax year as a	1,015.  1,015.  2,665.  118,670. section 501(c)(3)  15 16  17 18	4,331. 0. 4,331. 0. 11,771. 609,285. ►□ 97.4 % 97.7 % 0.7 % 0.6 %
10 a b c 11 12 13 14 15 16 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part. IV.  Total support. (Add Ins 9, 10c, 11, and 12). First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupulic support percentage for 20. Public support percentage from 2 tion D. Computation of Investment income percentage from 133-1/3% support tests — 2010. If is not more than 33-1/3%, check	1,873. 122,028. s for the organizat stop here blic Support F 10 (line 8, column 2009 Schedule A, Frestment Incorpor 2010 (line 10c, com 2009 Schedule the organization dithis box and stop	1,214.  1,214.  1,645. 106,739. Ion's first, second Percentage (f) divided by line Part III, line 15 me Percentage olumn (f) divided A, Part III, line 1 d not check the behere. The organiz	937.  2,710.  133,482.  third, fourth, or fine 13, column (f))  by line 13, column 7 ox on line 14, and ation qualifies as	1,078.  1,078.  2,878.  128,366.  fifth tax year as a	1,015.  1,015.  2,665.  118,670. section 501(c)(3)  15  16  17  18 han 33-1/3%, and led organization	4,331. 0. 4,331. 0. 11,771. 609,285. ►□ 97.4 % 97.7 % 0.6 % line 17 ► X
10 a b c 11 12 13 14 15 16 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV.  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage from 2 tion D. Computation of Investment income percentage from 133-1/3% support tests — 2010. If	1,873. 122,028. s for the organizat stop here blic Support F 10 (line 8, column 2009 Schedule A, Frestment Incorpor 2010 (line 10c, com 2009 Schedule the organization dethis box and stop the organization decheck this box and check this check this box and check this box and check this box and check this check this box and check this check this check this box and check this check thi	1,214.  1,214.  1,645.  106,739.  Ion's first, second  Percentage  (f) divided by line Part III, line 15  me Percentage  olumn (f) divided  A, Part III, line 1  d not check the binere. The organiz  d not check a box di stop here. The	937.  2,710.  133,482.  third, fourth, or fine 13, column (f))  by line 13, column 7  ox on line 14, and ation qualifies as a on line 14 or line organization qualification qualifies as a con line 14 or line organization qualifies as a continuous transcential transc	1,078.  1,078.  2,878.  128,366.  fifth tax year as a publicly support a publicly support a 19a, and line 16 fies as a publicly	1,015.  1,015.  2,665.  118,670. section 501(c)(3)  15  16  17  18 han 33-1/3%, and led organization is more than 33-1/supported organization supported organization	4,331.  0. 4,331.  0.  11,771. 609,285.  ▶□  97.4 % 97.7 %  0.6 %  line 17  X  3%, and

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

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

OMB No 1545 0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization Colorado Springs Debutante Ball	Employer identification number
Committee, Inc.	84-6053571
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	, 
Arrange an annual debutante ball from which the net proceeds a	re contributed to
not-for-profit_organizations.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contra	icts
(a) Did the organization, during the year, receive any funds,	directly_or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, dire	ctly_or
indirectly, on a personal benefit contract?	No
~~	
~	
~	
	- <b></b>

2010

# Schedule A, Part IV - Supplemental Information Colorado Springs Debutante Ball Committee, Inc.

Page 5

84-6053571

Part III.	Line	12 - Other	Income
-----------	------	------------	--------

Nature and Source	2010	2009	2008	2007	2006
Expense reimbursements	2,665.	2,878.	2,710.	1,645.	1,873.
Total	\$ 2,665.	\$ 2,878.	\$ 2,710.	\$ 1,645.	\$ 1,873.

Form 990-EZ, Part I, Line 8 Other Revenue Flower & Expense reimburs	
Flower & Expense reimburs	
	Total \$ 2,665 \$ 2,665
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,0	000
Donee's Address: 30 West	orings Fine Arts Center Dale Street
Relationship of Donee: None Cash Amount Given:	\$ Springs, CO 80903 \$ 13,00
Form 990-EZ, Part I, Line 16 Other Expenses	
Flowers & Decoration expenses Insurance Luncheon program expenses Meeting and admin expenses Music for Program event Photography costs Program Dinner expenses	\$ 11,287 850 5,459 574 5,654 250 41,721
Staging expenses Supply expense for event	16,652 2,942 Total \$ 85,389
Form 990-EZ, Part II, Line 26 Total Liabilities	
Accounts Payable and Accrued Expenses	Beginning         Ending           \$         0.         \$         13,000           Total         \$         0.         \$         13,000
Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Empl	oyees
Avera	cle and Contri- Expense age Hours Compen- bution to Account/ ek Devoted sation EBP & DC Other
Barb Van Ness	Secretary \$ 0. \$ 0. \$
Colorado Springs, CO 80906	0

2010

# Schedule O - Supplemental Information Colorado Springs Debutante Ball Committee, Inc.

Page 3 84-6053571

Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Cherryl Kilgore	Director \$	0.	\$ 0.	\$ 0.
Colorado Springs, CO 80906	Ŭ	·		
Barbara Lewis	Director	0.	0.	0.
Colorado Springs, CO 80906	U			
Alison Heintz	Treasurer 0	0.	0.	0.
Colorado Springs, CO 80906	Ü			
Ann Naughton	Director	0.	0.	0.
Colorado Springs, CO 80906	Ū			
Marty Cogswell	Director	0.	0.	0.
Colorado Springs, CO 80906	Ü			
Kay Klunder	Director 0	0.	0.	0.
Colorado Springs, CO 80906	O			
Debbie Clyde	Director 0	0.	0.	0.
Colorado Springs, CO 80906	0			
Dede Benning	Chairman Elect	0.	0.	0.
Colorado Springs, CO	Ü			
Ann Bowman	Director 0	0.	0.	0.
Colorado Springs, CO 80906	O			
Marge Rodemer	Chairman	0.	0.	0.
Colorado Springs, CO 80907	0			
Suzanne DuBois	Director	0.	0.	0.
Colorado Springs, CO 80906	0			
Nancy Borden	Director	0.	0.	0.
Colorado Springs, CO 80906	0			

2010

# Schedule O - Supplemental Information Colorado Springs Debutante Ball Committee, Inc.

Page 4

84-6053571

Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Jennifer Oseth	Director \$	0.	\$ 0.	\$ 0.
Colorado Springs, CO	U			
Michelle Wilson	Director	0.	0.	0.
Colorado Springs, CO	U			
	Total 🛐	0.	\$ 0.	\$ 0.

#### Form **8868** (Rev January 2011)

Department of the Treasury

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

File a separate application for each return.

OMB No 1545 1709

Internal Revenue	Service	eparate appli	cation for each return.	1			
• If you are	e filing for an Automatic 3-Month Extension, co	mplete only F	art I and check this box.		<b>►</b> X		
<ul><li>If you are</li></ul>	e filing for an Additional (Not Automatic) 3-Mon	th Extension,	complete only Part II (on page 2 of this f	orm).	_		
Do not comp	plete Part II unless you have already been grant	ed an automa	atic 3-month extension on a previously file	d Form 8868			
request an e Associated V	ling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which is not of this form, visit www.irs.gov/efile and click	ot automatic) 1 Part I or Pai must be sent	3-month extension of time. You can elect rt II with the exception of Form 8870, Info to the IRS in paper format (see instruction	tronically file Form 88 rmation Return for Tr	ransfers		
	utomatic 3-Month Extension of Time		<u>*</u>				
	n required to file Form 990-T and requesting an			mplete Part I only	▶ □		
All other corp income tax r	porations (including 1120-C filers), partnerships eturns.	, REMICS, ar	nd trusts must use Form 7004 to request a	an extension of time	to file		
Name of exempt organization Employer ident							
Type or print Colorado Springs Debutante Ball Committee, Inc. 84-6053							
File by the due date for	e by the Number, street, and room or suite number. If a P.O. box, see instructions e date for						
filing your return See	216 West Cheyenne Mountain B						
instructions	City, town or post office, state, and ZIP code For a foreign	address, see instr	ructions				
	Colorado Springs, CO 80906						
Enter the Re	turn code for the return that this application is t	for (file a sepa	arate application for each return)		03		
Application Is For		Return Code	Application Is For		Return Code		
Form 990		01	Form 990-T (corporation)		07		
Form 990-BL	-	02	Form 1041-A		08		
Form 990-EZ	<u></u>	03	Form 4720		09		
Form 990-PF	<del>-</del>	04	Form 5227		10		
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-T	(trust other than above)	06	Form 8870		12		
Telephone If the org If this is the	e No (719) 540-9806  canization does not have an office or place of bifor a Group Return, enter the organization's four s box (1) If it is for part of the group, che asion is for.	ır dıgıt Group	United States, check this box  Exemption Number (GEN) If				
until The ex  X  2 If the ta	ist an automatic 3-month (6 months for a corport $10/15$ , 20 _11 _, to file the exempt of tension is for the organization's return for. calendar year $20$ or tax year beginning3/01, 20 _10 ax year entered in line 1 is for less than 12 months angle in accounting period	rganization re	eturn for the organization named above	al return			
	application is for Form 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	1720, or 6069,	enter the tentative tax, less any	3a \$	0.		

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

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