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Form **990**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/1/2010, and ending 6/30/2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization The Colorado Springs School Foundation, Inc.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
21 Broadmoor Avenue
 City or town, state or country, and ZIP + 4
Colorado Springs CO 80906

D Employer identification number 74-2246808

E Telephone number (719) 475-9747

F Name and address of principal officer:
Patricia Deeny 21 Broadmoor Ave, Colorado Springs, CO 80906

G Gross receipts \$ 298,687

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.CSS.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1980 **M** State of legal domicile: CO

H(c) Group exemption number ▶ _____

SCANNED SEP 25 2013

Part I Summary		Prior Year	Current Year
1	Briefly describe the organization's mission or most significant activities: <u>Fundraising support for independent private school</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
8	Contributions and grants (Part VIII, line 1h)	8	0
9	Program service revenue (Part VIII, line 2g)	9	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	165,035
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	165,035
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	74,783
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	16b	0
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	17	20,542
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18	95,325
19	Revenue less expenses. Subtract line 18 from line 12	19	69,710
20	Total assets (Part X, line 16)	20	2,534,733
21	Total liabilities (Part X, line 26)	21	93,805
22	Net assets or fund balances. Subtract line 21 from line 20	22	2,440,928

Part II Signature Block

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

Sign Here
 Signature of officer: Patricia Deeny Date: 8-14-12
 Type or print name and title: Patricia Deeny President

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
<u>Tom E. Jones, CPA</u>	<u>Tom E. Jones, CPA</u>	<u>10/18/2011</u>		
Firm's name ▶ <u>Bain & Jones, CPAs</u>	Firm's EIN ▶ _____	Phone no <u>(303) 665-3655</u>		
Firm's address ▶ <u>531 W Hackberry St, Louisville, CO 80027</u>				

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

93-11

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Form **990**

Return of Organization Exempt From Income Tax

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OMB No. 1545-0047

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A For the 2010 calendar year, or tax year beginning 7/1/2010 and ending 6/30/2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization The Colorado Springs School
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
21 Broadmoor Avenue
 City or town, state or country, and ZIP + 4
Colorado Springs CO 80906

D Employer identification number
84-0517389

E Telephone number
(719) 476-9747

F Name and address of principal officer
Scott Berry 21 Broadmoor Ave, Colorado Springs, CO 80906

G Gross receipts \$ 10,112,786

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: www.csa.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1982 **M** State of legal domicile: CO

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Operate a private, independent school, grades preschool through 12.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	141
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,384,500	5,819,254
	9 Program service revenue (Part VIII, line 2g)	4,580,719	4,123,377
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,483	18,481
	11 Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)	123,289	151,894
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,083,980	10,112,786
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,604,278	4,240,218
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	504,559	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,106,137	2,052,427
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,810,415	6,292,645	
19 Revenue less expenses. Subtract line 18 from line 12	-546,435	3,820,141	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,449,195	End of Year 16,391,520
	21 Total liabilities (Part X, line 28)	1,723,817	1,848,001
	22 Net assets or fund balances. Subtract line 21 from line 20	10,725,378	14,543,519

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

Sign Here
 Signature of officer: [Signature] Date: 15 August 2012
 Name: Scott Berry Title: President

Paid Preparer's Use Only
 Print/preparer's name: Tom E. Jones, CPA Preparer's signature: Tom E. Jones, CPA Date: 10/18/2011 Check if self-employed
 Firm's name: Bain & Jones, CPAs Firm's EIN: _____
 Firm's address: 631 W Hackberry St, Louisville, CO 80027 Phone no.: (303) 665-3055

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)