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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 cale	endar year, or tax year beginning 01-01-2013 🤍 , 2013, and ending 12-31	L-2013			
		applicable	C Name of organization		D Employ	er identific	cation number
	dress cl	• •	Colorado Springs Conv & Visitors Bureau		84-086	00343	
	me cha	_	Doing Business As			09343	
	tial retu	_					
			Number and street (or P O box if mail is not delivered to street address) Room/suit 515 S Cascade Ave	te	E Telephor	ne number	
_	rmınate				(719)	585-7628	3
<b>A</b> m	ended	return	City or town, state or province, country, and ZIP or foreign postal code Colorado Springs, CO 80903		, ,		
Г Ар	plication	n pending	contain spinige, or conse		<b>G</b> Gross re	ceipts \$ 3,41	17,057
			F Name and address of principal officer	<b>H(a)</b> Is	this a group i	return for	
			Douglas P Price 515 S Cascade Ave	sul	oordinates?		┌ Yes 🗸 No
			Colorado Springs, CO 80903	H(b) ^ =	e all subordın	atas	┌ Yes ┌ No
					luded?	iates	j řesj No
I Ta	x-exen	mpt status	501(c)(3)	If"	'No," attach a	a lıst (see	e instructions)
	ebsite	e: ► www	v visitcos com	ura Gr	oup exemption	on number	r <b>b</b> =
				H(c) Gr	oup exemption		
			Corporation	<b>L</b> Year of	formation 198	0 <b>M</b> State	e of legal domicile CO
Pa	rt I	Sum	mary				
Governance		designed and inter	Springs Convention and Visitors Bureau's primary exempt purpose is possible to stimulate the visitor industry in the Pikes Peak Region. The Bureau mittent, to enhance the quantity, quality and volume of visitors to our a limit straightful straigh	shall cond rea	uct a variety	of prograr	ns, both continual
	-				, , , , , , , , , , , , , , , , ,		
නා ගු	3	Number	of voting members of the governing body (Part VI, line 1a) $ \cdot  \cdot  \cdot  \cdot $		[	3	11
Activities &	4	Number	of independent voting members of the governing body (Part VI, line 1b)		[	4	11
ਙ	5	Total nur	nber of individuals employed in calendar year 2013 (Part V, line 2a) .		[	5	23
4	6	Total nur	mber of volunteers (estimate if necessary)		[	6	38
	7a	Total unr	related business revenue from Part VIII, column (C), line 12		[	7a	207,185
	Ь	Net unrel	ated business taxable income from Form 990-T, line 34			7b	0
				l p	rior Year		Current Year
						`	current rear
_	8	Contrib	outions and grants (Part VIII, line 1h)		280,9		
nue	8 9		outions and grants (Part VIII, line 1h)			9 3	218,432
enuese		Progra			280,9	93	218,432 2,941,276
Rayenue	9	Progra Invest Other	m service revenue (Part VIII, line 2g)		280,9 2,831,8	93 26 45	218,432 2,941,276 9,752
Ravenue	9 10	Progra Invest Other Total r	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2	93 26 45 79	218,432 2,941,276 9,752 207,823
Revenue	9 10 11 12	Progra Invest Other Total r 12) .	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9	93 26 45 79	218,432 2,941,276 9,752 207,823
Revenue	9 10 11 12	Progra Invest Other Total r 12) . Grants	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2	93 26 45 79 43 0	218,432 2,941,276 9,752 207,823 3,377,283
Revenue	9 10 11 12 13 14	Progra Invest Other Total r 12). Grants Benefit	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2	93 26 45 79	218,432 2,941,276 9,752 207,823 3,377,283
	9 10 11 12	Progra Invest Other Total r 12). Grants Benefit	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2	93 26 45 79 43 0	218,432 2,941,276 9,752 207,823 3,377,283
	9 10 11 12 13 14	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10)	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2 3,324,0	93 26 45 79 43 0	218,432 2,941,276 9,752 207,823 3,377,283 0
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profess	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2 3,324,0	93 26 45 79 43 0 0	218,432 2,941,276 9,752 207,823 3,377,283 0 0
Expenses Revenue	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profess	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2 3,324,0	93 26 45 79 43 0 0	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes: Total fur Other	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2 3,324,0	93 26 45 79 43 0 0	218,432 2,941,276 9,752 207,823 3,377,283 0 0
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profess Total fur Other of	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2 3,324,0 1,149,8	93 26 45 79 43 0 0 0 54 0 16 70	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771 0 1,880,205 3,126,976
Epenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes: Total fur Other Revent	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2 3,324,0  1,149,8  2,014,7 3,164,5 159,4 ing of Curren Year	93 26 45 79 43 0 0 54 0 16 70 73	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771 0 1,880,205 3,126,976
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes: Total fur Other Revent	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2 3,324,0  1,149,8  2,014,7 3,164,5 159,4 ing of Curren Year 1,660,5	93 26 45 79 43 0 0 0 54 0 70 73 <b>t</b> 94	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771 0 1,880,205 3,126,976 250,307 End of Year 1,978,959
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profess Total fur Other Total e Revenu	m service revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2 3,324,0  1,149,8  2,014,7 3,164,5 159,4 ing of Curren Year 1,660,5 116,0	93 26 45 79 43 0 0 54 0 16 70 73 t 94	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771 0 1,880,205 3,126,976 250,307 End of Year 1,978,959
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes: Total fur Other Total e Revent	mservice revenue (Part VIII, line 2g)		280,9 2,831,8 9,9 201,2 3,324,0  1,149,8  2,014,7 3,164,5 159,4 ing of Curren Year 1,660,5	93 26 45 79 43 0 0 54 0 16 70 73 t 94	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771 0 1,880,205 3,126,976 250,307
Signature See See See See See See See See See S	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III ar penanowledarer ha	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profess Total fur Other Total e Revent  Total a Total li Net as Signal alties of p dge and b as any kn	m service revenue (Part VIII, line 2g)	Beginn	280,9 2,831,8 9,9 201,2 3,324,0  1,149,8  2,014,7 3,164,5 159,4 ing of Curren Year 1,660,5 116,0 1,544,5	93   26   45   79   43   0   0   0   54   0   0   16   70   73   <b>t</b>   94   85   09   ements, a	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771 0 1,880,205 3,126,976 250,307 End of Year 1,978,959 184,143 1,794,816
Net Assets or Expenses  Land Balances  Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III ar penanowledarer ha	Progra Invest Other   Total r 12) . Grants Benefit Salarie 5-10) Profess Total fur Other of Total e Revenue  Total a Total li Net as  Signa alties of p dge and b as any kn	mservice revenue (Part VIII, line 2g)	Beginn	280,9 2,831,8 9,9 201,2 3,324,0  1,149,8  2,014,7 3,164,5 159,4 ing of Curren Year 1,660,5 116,0 1,544,5  ules and status based on a	93   26   45   79   43   0   0   0   54   0   0   16   70   73   <b>t</b>   94   85   09   ements, a	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771 0 1,880,205 3,126,976 250,307 End of Year 1,978,959 184,143 1,794,816
Signature See See See See See See See See See S	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III ar penanowledarer ha	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profess Total fur Other Total e Revenu  Total a Total li Net as Signa alties of p das any kn  ***** Signa Jame Type	m service revenue (Part VIII, line 2g)	Beginn  Ving sched an officer)	280,9 2,831,8 9,9 201,2 3,324,0  1,149,8  2,014,7 3,164,5 159,4 ing of Curren Year 1,660,5 116,0 1,544,5  ules and status based on a	93   26   45   79   43   0   0   0   54   0   16   70   73   <b>t</b>   85   09   ements, a all informal	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771 0 1,880,205 3,126,976 250,307 End of Year 1,978,959 184,143 1,794,816
See Bund Basences  Expenses  Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III r penanowledarer had	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes: Total fur Other Total e Revenu  Total a Total li Net as Signa alties of p dge and b as any kn	m service revenue (Part VIII, line 2g)	Beginn  Ving sched an officer)	280,9 2,831,8 9,9 201,2 3,324,0  1,149,8  2,014,7 3,164,5 159,4 ing of Curren Year 1,660,5 116,0 1,544,5  ules and status based on a	93   26   45   79   43   0   0   0   54   0   0   16   70   73   <b>t</b>   94   85   09   ements, a	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771 0 1,880,205 3,126,976 250,307 End of Year 1,978,959 184,143 1,794,816
Signature State of Expenses Expenses Signature State of Early Branch Basences Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III r penanowledarer had	Progra Invest Other Total r 12) .  Grants Benefit Salarie 5-10) Profess Total fur Other Total e Revent  Total a Total li Net as Signa alties of p edge and b as any kn  ***** Signa Jame Type	m service revenue (Part VIII, line 2g)	Beginn  Ving sched an officer)	280,9 2,831,8 9,9 201,2 3,324,0  1,149,8  2,014,7 3,164,5 159,4 ing of Curren Year 1,660,5 116,0 1,544,5  ules and statis based on a	93   26   45   79   43   0   0   0   54   0   0   16   70   73   <b>t</b>   94   85   09   9   PTIN PO0294662	218,432 2,941,276 9,752 207,823 3,377,283 0 0 1,246,771 0 1,880,205 3,126,976 250,307 End of Year 1,978,959 184,143 1,794,816

**Use Only** 

Firm's address ► 630 Southpointe Court Suite 200

Colorado Springs, CO 80906

May the IRS discuss this return with the preparer shown above? (see instructions) .

Phone no (719) 579-9090

✓ Yes ☐ No

orm	n 990 (2013)				Page <b>2</b>
Par		ment of Program Service A f Schedule O contains a response		I	٦
1	Briefly describ	oe the organization's mission			
o st	imulate the visit	nvention & Visitors Bureau's prima for industry in the Pikes Peak Regi 7, quality, and volume of visitors to	on The Bureau shall conduct a v		
2	the prior Form	zation undertake any significant pr 990 or 990-EZ?		which were not listed on	┌ Yes ┌ No
		ribe these new services on Schedu			
3	services? .	zation cease conducting, or make s		ducts, any program · · · · · · · · · ·	┌ Yes ┌ No
4	expenses Sec	rganization's program service acco tion 501(c)(3) and 501(c)(4) orga nses, and revenue, if any, for each	nizations are required to report t		
4a	(Code	) (Expenses \$ 2	,584,391 including grants of \$	) (Revenue \$	2,581,784 )
		ages in promotional programs which includ embers of the Pikes Peak Region and disti			ects, convention planning
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other prograr	m services (Describe in Schedule (	D )		
	(Expenses \$		grants of \$	) (Revenue \$	)
4e	Total program	n service expenses ► 2,	584,391		

Part IV Checklist of Required Schedule
--

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

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\footnote{M}$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
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		No
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	Yes	1/2012
			orm <b>99(</b>	(2013)

GI I	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	l No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   51		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
ı	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	If "Yes," enter the name of the foreign country 🕨			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	90		
	TI TES, TO TIME 34 OF 3D, THE OF GAME ALION THE FORM 0880-17	5c		
1	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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	ı	
	Organizations that may receive deductible contributions under section 170(c).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	, , c		
	11 Yes, indicate the number of Forms 8282 med during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Se	ection 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						
	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						
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		No			
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		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No			
6	Did the organization have members or stockholders?	6		No			
7a	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?						
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
	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		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	je Cod				
	· · · · · · · · · · · · · · · · · · ·		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a 10b		No			
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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes	No			
b 11a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	N o			
b 11a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No			
b 11a b 12a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No			
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No			
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No			
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No			
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes				
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes				
b 11a b 12a c 13 14 15	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes				
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No			
b 11a b 12a c 13 14 15 a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No			
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No			
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No			
b 11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participatine in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No			
b 11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization into the vear?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No			
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No			
b 11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization into the vear?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

▶The Organization 515 S Cascade Ave

Colorado Springs, CO 80903 (719) 685-7628

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) Alicia McConnell	1 00	х		Х				0	0	0	
Chair								ŭ			
(2) Jim Breeden	1 00	×						0	0	0	
Treasurer								_			
(3) Dennis Lesko	1 00	×						0	0	0	
Director											
(4) Dave Palenchar	1 00	x						0	0	0	
Vice Chair	1.00				-						
(5) Todd Felsen	1 00	х						0	0	0	
Secretary (6) Nathan Newbrough	1 00										
	1 00	х						0	0	0	
Director (7) Cherie Pearson	1 00										
	100	х						0	0	0	
Director (8) Steve Kanatzar	1 00	-									
Director		Х						0	0	0	
(9) Andy Neinas	1 00										
Director		X						0	0	0	
(10) Dr Eric Olson	1 00										
Director		X						0	0	0	
(11) Peter Udall	1 00							_	_		
Director		X						0	0	0	
(12) Douglas Price	40 00			,,		,		444.473		6.006	
President/CEO				Х		Х		144,472	0	6,996	
(13) James Cassidy	40 00			Х				87,406	0	7 021	
Chief Financial Officer				^				87,406	0	7,931	
					_						
					L_						
		<u> </u>								Form <b>900</b> (2012)	

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

(A) Name and Title		(B) A verage hours per week (list any hours	verage Position (do not check Reportable urs per more than one box, unless compensation ek (list person is both an officer from the value and a director/trustee) organization (W-							(E) Reportable compensation from related organizations (W-		(F) Estimated amount of other compensation from the		
		for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC	) (	organizati relati organiza	ed
												+		
	Sub-Total							<u> </u>				+		
C	Total from continuation shee	· · · · · · · · · · · · · · · · · · ·	ection A	Α.	•		•	<b>.</b>				+		
d	Total (add lines 1b and 1c) .	•						Þ		231,878		0		14,927
2	Total number of individuals (i \$100,000 of reportable comp						d abov	e) w	ho receive	d more th	an	•		
													Yes	No
3	Did the organization list any 1							yee,	, or highes	t compen	sated employee			1
	on line 1a? If "Yes," complete							•				3		No
4	For any individual listed on lir organization and related orga													
	ındıvıdual		•		•	•		•				4	Yes	
5	Did any person listed on line services rendered to the orga										or individual for	5		No
	ection B. Independent Co	ontractors												
1	Complete this table for your f compensation from the organ	ive highest comp											s tax year	
		( <b>A</b> ) Name and business	address							Des	(B) cription of services		(C Comper	
Univ	ersal Standards for Digital Marketin 60	6 N Carancachua Ste	1400 Co	rpus C	Christ	ı TX 7	840106	85		Marketing				940,346
												-		
	Total number of independent co	ontractors (inclu	dıng but	t not	lımıt	ed t	o thos	e list	ted above	who rece	ıved more than			

\$100,000 of compensation from the organization 🕦

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule O contains a respo	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
10	1a	Federated campaigns 1a										
ants Ints	ь	Membership dues 1b	218,432									
Gra not	c	Fundraising events 1c										
Š. Ž												
∄ ë	d	Related organizations 1d										
Si E	е	Government grants (contributions) 1e	·									
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above										
년 된	g	Noncash contributions included in lines	i		i							
id C	<u> </u>	1a-1f \$ <b>Total.</b> Add lines 1a-1f		218,432								
Com	h	iotal. Add lines 1a-11	· · · •	210,432								
e⊟	3-	6	Business Code									
Program Serwoe Revenue	2a	Government Fees	561500	2,851,784	2,851,784							
	b	In-Kind Contributions  Trade Show Support	900099	53,869	53,869							
	d	Trade Snow Support	541800	35,623	35,623							
38	e											
Ē	f	All other program service revenue										
် န												
	3	<b>Total.</b> Add lines 2a-2f Investment income (including divider		2,941,276								
		and other similar amounts)		9,752			9,752					
	4	Income from investment of tax-exempt bond	proceeds .									
	5	Royalties	•									
	6a	(ı) Real	(II) Personal									
	Ь	Less rental										
	c	expenses Rental income										
		or (loss)  Net rental income or (loss)	<u> </u>									
	d	(i) Securities	(II) Other									
	7a	Gross amount	(ii) o thei									
		from sales of assets other										
	ь	than inventory Less cost or										
		other basis and sales expenses										
	С	Gain or (loss)										
	d	Net gain or (loss)										
Other Revenue	8a	Gross income from fundraising events (not including \$										
ě		of contributions reported on line 1c) See Part IV, line 18										
		a	24,275									
ŧ	Ь	Less direct expenses <b>b</b>										
0	C	Net income or (loss) from fundraising	events 🛌	-15,499			-15,499					
	9a	Gross income from gaming activities See Part IV, line 19 a										
	b	Less direct expenses b										
		Net income or (loss) from gaming act	ivities									
	10a	Gross sales of inventory, less returns and allowances .										
		a	16,015									
	b	Less cost of goods sold <b>b</b>	0									
	С	Net income or (loss) from sales of inv		16,015	16,015							
	11-	Miscellaneous Revenue	Business Code 541800	134,491		134,491						
	11a	Advertising Income	541860	40,000		40,000						
	b c	Postage Reimbursement	541860	17,500		17,500						
	d	OVG Commissions All other revenue	1 2 . 12 3 0	15,316		15,194	122					
	e	Total. Add lines 11a-11d	🕨			•						
	12	Total revenue. See Instructions .	<b>.</b> }	207,307								
	l		· · · · •	3,377,283	2,957,291	207,185	-5,625					

Form	990 (2013)				Page <b>10</b>
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	231,878	153,165	54,522	24,191
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	762,379	503,585	179,257	79,537
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	160,745	106,179	37,796	16,770
10	Payroll taxes	91,769	60,617	21,578	9,574
11	Fees for services (non-employees)				
а	Management				
Ь	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,092,657	1,092,657		
13	Office expenses	10,760	7,413	2,078	1,269
14	Information technology				
15	Royalties				
16	Occupancy	106,678	73,503	20,591	12,584
17	Travel	151,154	151,154		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	18,220	12,555	3,516	2,149
23	Insurance	5,351	3,686	1,034	631
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Postage	100,707	92,870	7,487	350
b	Repairs and Maintenance	72,457	49,924	13,986	8,547
c	Special Events Assistan	62,473	62,473		
d	Contract for Sports Ser	55,000	55,000		
e	All other expenses	204,748	159,610	35,824	9,314
25	Total functional expenses. Add lines 1 through 24e	3,126,976	2,584,391	377,669	164,916
26	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 ► ☐ if following SOP 98-2 (ASC 958-720)				, , <u>, , , , , , , , , , , , , , , , , </u>

Part X Balance Sheet

	L X	Check if Schedule O contains a response or note to any line in th	ıs Part	х			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			13,489	1	92,191
	2	Savings and temporary cash investments			1,276,027	2	1,567,165
	3	Pledges and grants receivable, net				3	_
	4	Accounts receivable, net		i	225,094	4	115,617
	5	Loans and other receivables from current and former officers, diremployees, and highest compensated employees Complete Par Schedule L	ectors, t II of	trustees, key		5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ing employers		6		
82	7	Notes and loans receivable, net			7		
ď	8	Inventories for sale or use		1,086	8	1,183	
	9	Prepaid expenses and deferred charges			72,809		68,606
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	   10a	483,412	·		35,555
	Ь	Less accumulated depreciation	10b	371,918	39,326	10c	111,494
	11	Investments—publicly traded securities	r	11	, , , , , , , , , , , , , , , , , , ,		
	12	Investments—other securities See Part IV, line 11	27,276	12	17,216		
	13	Investments—program-related See Part IV, line 11				13	,
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			5,487	15	5,487
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,660,594	16	1,978,959
	17	Accounts payable and accrued expenses			81,220		176,781
	18	Grants payable			01,220	18	
	19	Deferred revenue			34,865		7,362
	20	Tax-exempt bond liabilities			04,000	20	7,002
	21	Escrow or custodial account liability Complete Part IV of Sched				21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualific	s, trus			21	
Liabiliti		persons Complete Part II of Schedule L		_		22	
ä	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	d third	parties,			
		D				25	
	26	Total liabilities. Add lines 17 through 25			116,085	26	184,143
s e s		Organizations that follow SFAS 117 (ASC 958), check here ► ↓ lines 27 through 29, and lines 33 and 34.	and co	omplete			
an	27	Unrestricted net assets			1,544,509	27	1,794,816
ල ස	28	Temporarily restricted net assets				28	
귤	29	Permanently restricted net assets			29		
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	e► 厂	and			
9	30	Capital stock or trust principal, or current funds				30	
še	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
Assets	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net Net	33	Total net assets or fund balances			1,544,509	33	1,794,816
Z	34	Total liabilities and net assets/fund balances			1,660,594	34	1,978,959
	1	· · · · · · · · · · · · · · · · · · ·					

. •					age ==
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,3	377,283
2	Total expenses (must equal Part IX, column (A), line 25)				26.076
3	Revenue less expenses Subtract line 2 from line 1	2		3,1	126,976
•	Revenue less expenses subtract line 2 non-line 1	3		2	250,307
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1.5	544,509
5	Net unrealized gains (losses) on investments				,
_		5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	$\stackrel{{}_{\prime}}{+}$			
	Thorperiod dayastiments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,7	794,816
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis			i	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493227039264

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

emai	Revenue Service and its instruct	10113 13 ut <u>www.nrs.gov/rorm/220</u> .			Tiishect	1011
	me of the organization orado Springs Conv & Visitors Bureau			oloyer identifica 0809343	ition numbe	r
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990				. Complet	e if the
		(a) Donor advised funds		(b) Funds and	other accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	ısed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				☐ Yes	┌ No
Ī	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)  Preservation of a Preservation of a	certifie	d historic struc	ture	
	easement on the last day of the tax year					
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	• •	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d			
	Number of conservation easements modified, transferrenthe tax year -	ed, released, extinguished, or terminat	ea by tr	ie organizacion	during	
	Number of states where property subject to conservati	ıon easement ıs located ►				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and	│ │ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments o	during the year		
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durin	g the year		
	Does each conservation easement reported on line 2(c) and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	☐ Yes	┌ No
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
ï	Complete if the organization answered "Y		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	arch in furthera		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue its held for public exhibition, education	statem	ent and balanc		ıc
	(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, historic following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	Assets included in Form 990, Part X			<b></b>		
	meradea mir omi 200, i dit A			- +		

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easui	res, or c	tne	ГЭШШ	ar Ass	sets (co	ntinuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	necka	any of th	ne follo	wing that	are a	sıgnıfıca	nt use	of its	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ further	the o	rganızatıor	ı's ex	empt pui	pose ir	1	
5	During the year, did the organization solicit								nılar	_	_	_
	assets to be sold to raise funds rather than t								" =		Yes	No
261	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	u r	es to r	oriii 9:	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						rotherass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the	follov	wıng t	able		_					
							<u> </u>			Am	ount	
С	Beginning balance						<u> </u>	1c				
d	Additions during the year						ļ	1d				
e	Distributions during the year						Ļ	1e				
f	Ending balance						Ĺ	<b>1</b> f				
a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	e expl	anatı	n has b	een pr	ovided in	Part :	XIII .			Γ
Pai	t V Endowment Funds. Complete											
		(a)Current year	(b)	)Prior y	/ear l	<b>b (c)</b> Tw	o years bac	(d)	Three year	s back	<b>(e)</b> Four y	ears back
a	Beginning of year balance							+				
b	Contributions							+				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
e	and programs							+				
' a	End of year balance							+				
y	Provide the estimated percentage of the cur	rent week and helen	aa (lun	1	aalumn	(a)) h	ald as					
_	· -	rent year end balan	ce (IIII	ie ig,	Column	i (a)) ii	eiu as					
a	Board designated or quasi-endowment											
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld agual 100%										
а	Are there endowment funds not in the posse		ation	that s	re held	and a	dministara	d for	the			
	organization by	solon of the organiz			c neiu	and at		a 101	c		Yes	No
	(i) unrelated organizations									. 3a(i		
	(ii) related organizations									3a(i		<u> </u>
_		ns listed as require	d on S	Sched	ule R?			_		.   3b		
	If "Yes" to 3a(II), are the related organization	· ·		<b>-</b>				•				<u> </u>
	Describe in Part XIII the intended uses of the	ne organization's en						:' to	Form 90	L	rt IV lu	
ŀ		ne organization's en e <b>nt.</b> Complete if						to	Form 99	L	rt IV, lıı	ne
	Describe in Part XIII the intended uses of the Land, Buildings, and Equipme	ne organization's en e <b>nt.</b> Complete if		rgan		answ other		other	(c) Accu	L		
ar	Describe in Part XIII the intended uses of the <b>tVI Land, Buildings, and Equipme</b> 11a. See Form 990, Part X, line	ne organization's en e <b>nt.</b> Complete if		rgan	ization	answ other	ered 'Yes	other	(c) Accu	90, Pai		
ar	Describe in Part XIII the intended uses of the Land, Buildings, and Equipment 11a. See Form 990, Part X, line  Description of property	ne organization's en e <b>nt.</b> Complete if		rgan	ization	answ other	ered 'Yes	other	(c) Accu	90, Pai		
a l	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment 11a. See Form 990, Part X, line Description of property	ne organization's en e <b>nt.</b> Complete if		rgan	ization	answ other	ered 'Yes	other	(c) Accu	90, Pai		
a l	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment 11a. See Form 990, Part X, line Description of property  and	ne organization's en e <b>nt.</b> Complete if		rgan	ization	answ other	(b)Cost or basis (oth	other	(c) Accu	90, Pai	(d) B	ne pok value 26,724

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
<b>Part X Other Liabilities.</b> Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

Par		wered 'Yes' to Form 990, Part IV, line :		e per ketu	rn Complete if
1		er support per audited financial statements		1	3,377,283
2	Amounts included on line 1 b	out not on Form 990, Part VIII, line 12			
a	Net unrealized gains on inves	stments	2a		
b	Donated services and use of	facilities	2b	$\neg$	
С	Recoveries of prior year gran	ts	2c	$\neg$	
d	Other (Describe in Part XIII	)	2d		
e	Add lines <b>2a</b> through <b>2d</b>			. 2e	0
3	Subtract line <b>2e</b> from line <b>1</b> .			. 3	3,377,283
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII	)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			. 4c	0
5	Total revenue Add lines 3 an	nd <b>4c.</b> (This must equal Form 990, Part I, line	212)	5	3,377,283
Part		Expenses per Audited Financial Sta		ses per Re	turn. Complete
		nswered 'Yes' to Form 990, Part IV, line			
1	Total expenses and losses pe	er audited financial statements		1	3,126,976
2		ut not on Form 990, Part IX, line 25	1 1		
а		facilities	2a		
b	Prior year adjustments		2b		
С			2c		
d	Other (Describe in Part XIII	)	2d		
e	Add lines <b>2a</b> through <b>2d</b> .			. 2e	0
3	Subtract line <b>2e</b> from line <b>1</b> .			. 3	3,126,976
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1:			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII	)	4b		
c	Add lines <b>4a</b> and <b>4b</b>			. 4c	0
5	Total expenses Add lines 3 a	and <b>4c.</b> (This must equal Form 990, Part I, lir	ne 18 )	. 5	3,126,976
Part	Supplemental In	formation			
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d and			ny additional
	Return Reference	Explanation			
Part X	C, Line 2	The Organization evaluates the effect of u positions in accordance with the provision discloses any material adjustments as a rand penalties resulting from these adjustnapplicable. There were no tax examination December 31, 2013. Management believe to audit by the applicable taxing jurisdictions.	ns of FASB ASC 450, Continues of FASB ASC 450, Continues of the second of the second of the second of the years or adjustments relating the second of the years	ngencies The The Organizat and other expenerefrom for th	Organization ion reports interest enses, as ne year ended

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493227039264

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

**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. Attach to Form 990 or Form 990-EZ.

**Supplemental Information Regarding** 

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

Open to Public Inspection

ame of the organızatıon olorado Sprıngs Conv & Vıs	utore Puropu				Employer id	entification number
olorado Spriligs Coliv & vis	sitors bureau				84-080934	3
	Activities. Complete				to Form 990, Part I	V, line 17.
Indicate whether the or	ganızatıon raısed funds	through a	ny of the 1	following activities Che	eck all that apply	
a Mail solicitations		_	е	Solicitation of non	n-government grants	
<b>b</b> Internet and email	solicitations		f	Solicitation of gov	ernment grants	
c  Phone solicitations			g	Special fundraisin	g events	
<b>d</b> $\Gamma$ In-person solicitat	ions					
Did the organization ha	ve a written or oral agre d in Form 990, Part VII					Γ Yes Γ No
<b>b</b> If "Yes," list the ten hig to be compensated at l	ghest paid individuals or east \$5,000 by the orga		fundraise	rs) pursuant to agreem	ents under which the	fundraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraı cust con	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(or retained by)
		Yes	No			
			1			
			1			
			+			
-						
			1			
			<u> </u>			+
otal						
List all states in which registration or licensing		tered or li	censed to	solicit contributions o	r has been notified it	is exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundra events with gross receipts gi	aising event contribut	on answered "Yes" to lons and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported nes 1 and 6b. List
		3 , 3	(a) Event #1  Membership Mixer	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	.,,
Revenue	1	Gross receipts	24,27	5		24,275
şeve	2	Less Contributions				
<u> </u>	3	Gross income (line 1 minus line 2)	24,27	5		24,275
	4	Cash prizes				
မာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .	39,77	4		39,774
	10	Direct expense summary Add line	es 4 through 9 ın columr	n (d)		(39,774)
	11	Net income summary Subtract lir	ne 10 from line 3, columi	n (d)		-15,499
Par	t II	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
Revenue		<del></del>	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Æ	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Drea	5	Other direct expenses				
	6	Volunteer labor	│ Yes% │ No	┌ Yes %	☐ Yes %	
	7	Direct expense summary Add lines	s 2 through 5 in column (	(d)		
	8	Net gaming income summary Subti	ract line 7 from line 1, co	olumn (d)		
9 a b	Ist	ter the state(s) in which the organiza the organization licensed to operate No," explain	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming l Yes," explain	ıcenses revoked, suspei	nded or terminated during	the tax year?	

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes [	– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility			<del></del>		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	_ No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	<b>T</b> Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (	distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	⁄ear <b>⊳</b> \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

Schedule I (Form 990)

Department of the Treasury

Colorado Springs Conv & Visitors Bureau

Internal Revenue Service

Name of the organization

#### Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2013

DLN: 93493227039264

Open to Public
Inspection

Employer identification number

84-0809343

2 Describe in Part IV the or Part II Grants and Oth		res for monitoring the use Governments and			Complete if the or	ganization answered	l "Ves" to
		recipient that receive					i les to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Colorado Springs Sports Corp 1631 Mesa Ave Ste E Colorado Springs, CO 80906	84-0811908	501(c)3	7,000				To support the 2013 Rocky Mountain State Games and National Governing Body reception
(2) Space Foundation 4425 Arrowswest Drive Colorado Springs, CO 80907	31-1653556	501(c)3	6,000				To support the 2013 Space Symposium held in Colorado Springs
(3) Pikes Peak Studebaker Drivers Club Chapter 1031 Ash Avenue Las Animas, CO 81054	45-4486230	N/A	5,000				To support the 2013 Studebaker national car show in Colorado Springs
(4) Pikes Peak International Hill Climb Museum 1631 Mesa Ave Suite B-1 Colorado Springs, CO 80906	84-1107922	501(c)3	5,000				To support the 2013 Pikes Peak International Hill Climb event

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.							
(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		

Part IV Supplemental I	<b>nformation.</b> Provide the inf	ormation required in Pa	rt I, line 2, Part III, col	umn (b), and any other a	dditional information.
Return Reference	Explanation				
Part I, Line 2	Funds are awarded to organizations that bring in special events, commonly sporting but sometimes other types of meetings or conventions, to help promote the event and ensure the event's success in bringing new visitors to the region. We do not ask for an accounting of such payments, other that requesting an invoice for payment. We know who we have paid, and how much. For some events there is an evaluation to determine room nights generated and it is an internal management decision to determine which events hold the most promise of bringing visitors to the region.				

DLN: 93493227039264

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#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization Colorado Springs Conv & Visitors Bureau **Employer identification number** 

84-0809343

Pai	<b>TEL</b> Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Execu			2		
				<u> </u>		
3	Indicate which, if any, of the following the filing organiorganization's CEO/Executive Director Check all the used by a related organization to establish compensa	at appl	y Do not check any boxes for methods			
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		No
b	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-base	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7		
8	Were any amounts reported in Form 990, Part VII, pa	aid or a	occured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)^{2}$	rebutt	able presumption procedure described in Regulations	9		

#### 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)(1)-(111) 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) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits		reported as deferred in prior Form 990
(1)Douglas Price President/CEO	(i) (ii)	144,472 0	0	0	0 0	6,996 0	151,468 0	0 0

Schedule J (Form 990) 2013

#### Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2013

DLN: 93493227039264

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Open to Public Inspection

Name of the org Colorado Springs C		Bureau							<b>ver ident</b> 09343	ificatio	n numbe	r
Part I Exce					3) and section 0, Part IV, line		organı	zatıor	ns only)		40b	
	e of disqualif			nship betweer		(c) Desc					(d) Corr	ected?
- ` `	·	·		on and organi		, ,	•				Yes	No
<b>2</b> Enter the a	imount of tax	Incurred by a	organization • • •	managers or	dısqualıfıed pe	rsons during t	he year	r unde	rsection	n		
<b>3</b> Enter the a	mount of tax	t, if any, on lir	ie 2, above,	reimbursed by	y the organizat	ion			<b>&gt;</b> \$			
Со	mplete ıf the	organization	answered "Y		990-EZ, Part \ Ine 5, 6, or 22		Form 9	90, Pa	art IV , lı	ne 26, d	or If the	
(a) Name of interested person	(b) Relationsh with organizatio	loan	(d) Loan of or from t organizati	:he	(e)Original principal amount	<b>(f)</b> Balance due	(g) In defaul		(h) Approv by board or commit		(i)Wri agreen	
			То	From			Yes	No	Yes	No	Yes	No
											- - -	
Total		<b>▶</b> \$										
					<b>d Persons.</b> Form 990, P	art IV line 2	7					
(a) Name of ir	nterested	(b) Relations	shıp betweer	( <b>c)</b> A mou	nt of assistanc			ıstano	e <b>(e</b> )	) Purpos	se of ass	istance
						<u> </u>						

Part IV Business Transactions 1			- 20- 20 20-			
Complete if the organization (a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) Colorado Springs Sports Corporation	Organization President/CEO is on Board of related party	55,000	Sports development services		No	
				1		

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493227039264

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

## **Noncash Contributions**

▶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.

**Inspection** 

Name of the organization Colorado Springs Conv & Visitors Bureau **Employer identification number** 

				8	4-0809343			
Pa	rt I Types of Property							
	Ant. Works of out	(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 contr			nts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
LO	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
<b>L4</b>	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► (	X	0	53.86	9 Fair Market Value			
	cellaneous )			, , , , ,				
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received by th							
	for which the organization completed F	orm 8283,	Part IV, Donee Acknowle	dgement	29			
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years fr				ed to be used			
	for exempt purposes for the entire ho	ldıng period	<sup>?</sup>			30a		No
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard c	ontributions?	31		No
32a	Does the organization hire or use thir contributions?	· •	=		oncash 	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report an a	mount in ca	olumn (c) for a type of prop	erty for which column (a	) is checked.			
-	describe in Part II		(2), 10, a 1, pc 0, prop	(u	,			

Part II

Supplemental Information. 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.

Return Reference Explanation

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227039264

Employer identification number

84-0809343

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization Colorado Springs Conv & Visitors Bureau

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	Form 990 will be reviewed by executive officers with the auditor. The form will then be reviewed with the finance/audit committee before being emailed to the Board of Directors.
Form 990, Part VI, Section B, line 12c	Board self-monitors for conflict of interest among its members. CFO and President/CEO also monitor for potential conflicts and make affected personnel aware of the situation
Form 990, Part VI, Section B, Iine 15a	Compensation for the President/CEO is determined through review of compensation for similar CEO's of other national destination marketing organizations, obtained via a confidential survey from the Destination Marketing Associations International. We also review nonprofit salary surveys provided by Mountain States Employers Council. This information is shared with the finance/audit committee who determines and approves President/CEO compensation under delegation of the Board of Directors. Compensation for all other employees of the organization are established by the President/CEO with input from the CFO. Under his employment contract, the President/CEO has sole authority to set employee pay, within guidelines (budget) set by the Board of Directors. Employee pay amounts are provided to the finance/audit committee for review and discussion, with the President/CEO having final authority. Comparable data from DMAI and MSEC are used, along with President/CEO input on employee value.
Form 990, Part VI, Section C, line 19	Colorado Springs Convention and Visitors Bureau's Governing Documents, Conflict of Interest Policy, and Financial Statements are made available to the public upon request
Part XII, Line 2c	The process for selecting the independent CPA firm has not changed from the previous years