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332001 10-29-13

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.

2014

Open to Public Inspection

Form 990 (2013)

OMB No 1545-0047

Internal Revenue Service

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

and ending MAR 31,

A For the 2013 calendar year, or tax year beginning APR 1, 2013 Check if applicable D Employer identification number C Name of organization Address change COLORADO GARDEN SHOW, INC. Name change 84-6045671 Doing Business As Initial Room/suite E Telephone number Number and street (or P 0 box if mail is not delivered to street address) (303)932 - 8100100 959 S. KIPLING PARKWAY 4618491 Amended return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-LAKEWOOD, CO 80226 H(a) Is this a group return pending F Name and address of principal officer: JAMES FRICKE Yes X No for subordinates? 959 S KIPLING PARKWAY #100, LAKEWOOD, CO 8 H(b) Are all subordinates included? __ 501<u>(c) (</u> Tax-exempt status X 501(c)(3))◀ (insert no) 🔲 」4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.GARDENINGCOLORADO.COM H(c) Group exemption number ▶ K Form of organization X Corporation Association Other > L Year of formation 1958 M State of legal domicile CO Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO FURTHER THE STUDY OF ## TOF GENNASS
| Activities & Governance HORTICULTURE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 32 5 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Ō. Contributions and grants (Part VIII, line 1h) 3001972. 3017394. Program service revenue (Part VIII, line 2g) 135768. 346028. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25787. 27265. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 20, 10p, and Te) 3375265. 3178949. 12 Total revenue · add lines 8 through 11 (must equal Patt witt column (A), line 12) 436495. 607224. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (IX, column) (A) In (A) Ō. 0. 416392. 404873. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) О. 16a Professional fundraising fees (Part IX) column (A), line 11e) 76738. b Total fundraising expenses (Part IX, column 10) 2098870 2114403. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3138019. 2940238. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 237246. 238711. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **End of Year** Beginning of Current Year 7427135. 6239657. 20 Total assets (Part X, line 16) 223890. 774440. 21 Total liabilities (Part X, line 26) 6652695 6015767. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of pagury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign JAMES FRICKE, EXECUTIVE DIRECTOR Here Type or print name and title Date/ PTIN Print/Type preparer's name ₽01233166 MICHAEL A. ONOFREY Paid 84-1436060 Firm's name NONOFREY & HIRSCHFELD, P.C. Firm's EIN Preparer Firm's address 4810 WEST 80TH AVENUE, SUITE Use Only Phone no 303-426-4033 WESTMINSTER, CO 80030 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

<u>-orm</u>	1990 (2013) COLORADO GARDEN SHOW, INC.	84-6045671	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	. Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO FURTHER THE STUDY OF HORTICULTURE THROUGH THE PRODUCT	TION OF THE	2
	ANNUAL GARDEN & HOME SHOW AND AWARDING OF GRANTS AND SCH		
2	Did the exception undertake any classificant are even contact divine the year which were not listed as		
_	Did the organization undertake any significant program services during the year which were not listed on	$\Box_{\mathbf{v}}$	es X No
	the prior Form 990 or 990-EZ?	T (es 🗘 No
_	If "Yes," describe these new services on Schedule O.		()
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expens	ses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expense	s, and
	revenue, if any, for each program service reported.	. <u> </u>	
4a	(Code) (Expenses \$ 2785745 • including grants of \$ 607224 •) (Revenue	e \$335	3881 <u>.</u>)
	PRODUCTION OF THE COLORADO GARDEN AND HOME SHOW		
		··	
			
			
			
4b	(Code) (Expenses \$)
	GRANTS AND SCHOLARSHIPS TO FURTHER THE STUDY OF HORTICUI	JTURE	
		<u></u>	
4c	(Code) (Expenses \$	e \$)
		— 	
			
			
			
			· · ·
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 2785745 .		

is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? It was complete Schedule C, Part II Section 501(c)(3) organizations and engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officers of "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Bid the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization assertion 501(k)(6), 501(c)(6), 501(c)(6), 501(c)(6). Did the organization maintain any obnor advanced funds or any similar funds or accounts for which dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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, io provide credit counseling, debt management, credit repair, or debt negotiations services? If "Yes," complete Schedule D, Part II Did the organization chieved by Part II Did the organization chieved by Part II Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments in Part X, line 19? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments organized in Part X, line 19? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other liabilities in Part X, line 19? If "Yes," complete Schedule D, Part X II Did the organi	Par	t IV Checklist of Required Schedules	<u> </u>		age c
# 17%." complete Schedule A 2		•		Yes	No
2 Is the organization required to complete Schedule Schedule of Contributions 3 Did the organization and interest or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part I 4 Section 601 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (b) election in effect during the tax year? If Yes, "complete Schedule C, Part II 5 Is the organization asection 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 88-197 If Yes, "complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise or the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise intructure? If Yes, "complete Schedule D, Part III 7 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts and listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If Yes, "complete Schedule D, Part III 8 Did the organization disted in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If Yes, "complete Schedule D, Part VIII 9 Did the organization answer to any of the following questions is Yes," then complete Schedule D, Part VIII 10 Did the organization report an amount for investments - other securities in Part X, line 197 If Yes, "complete Schedule D, Part VIII 10 Did the organization report an amount for investments of their securities in Part X, line 197 If Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other liabilities in Part X, line 197 If Yes, "comple	1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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Section 601(q10) granizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II (year) and the organization as section 501(h) 501(q15), or 501(q1	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II I I I I I I I I I I I I I I I I I	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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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 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 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 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 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	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	}	
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or more? If "Yes," complete Schedule F, Parts I and IV 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 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 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 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 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	b			ļ	
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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 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 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 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	15				l .
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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 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 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	16		40		
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1c and 8a? If "Yes," complete Schedule G, Part II 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 18 X 19 X	46		-''	 	
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	ΙØ		10	{	x
complete Schedule G, Part III	10		10	 	<u> </u>
	13		10		x
	20-	,			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		· · · · · · · · · · · · · · · · · · ·		ļ	

Form 990 (2013) COLORADO GARDEN SH Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	1		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Į
	Schedule K If "No", go to line 25a	24a		Х
þ	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			l
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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,		- 1	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		i	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	}	1	
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			17
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (,2013)

Form 990 (2013) COLORADO GARDEN SHOW, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Yes No.		Check if Schedule O contains a response or note to any line in this Part V					<u> </u>			
b Enter the number of Forms W2G included in line 1a. Enter O-If not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary 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 255, you may be required to the file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If Yes, 'has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4 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 accountry? 5 If 'Yes,' the other the name of the foreign country! ► 5 See instructions for filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 If 'Yes,' to line 5 ao 5 5, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If 'Yes,' to line 5 ao 5 5, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If 'Yes,' to line 5 ao 5 5, did the organization file Form 886-17? 6 Organizations that may receive deductible contributions? 6 If 'Yes,' to line 5 ao 5 5, did the organization file Form 886-17? 7 Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes,' to line 6 ao 7 5, did the organization file form 888-2 filed during the year 9 Ded the organization shall may receive deductible contributions under section 170(c). 9 If 'Yes,' did the organization shall may receive deductible contributions under section 1			1		,	Yes	No			
Could the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (ambing) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, [2a] 32 [2b] X [2b] If at least one is reported on line 2a, did the organization field in required feeding 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) 3b If at least one is reported on line 2a, did the organization field in required feeding 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) 3c If Yes, I has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O [3b] If Yes, I have the name of the foreign country (IP Yes). If yes, I have the name of the foreign country (IP Yes). See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 3c If Yes, I to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 3c If Yes, I to line 5a or 5b, did the organization life Form 8886.T? 3c Dese the organization shear annual gines records that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 3c Dese the organization shear may receive deductible contributions under section 170(c). 3d Did the organization struct may receive deductible contributions under section 170(c). 3d Did the organization struct may receive deductible contributions under section 170(c). 3d If Yes, I'did the organization notify the donor of the value of the goods or services provided? 3d If Yes, I'did the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization the property of the organization received a contribution of cars, boats, arplanes, or other vehicles	1a	•	1a							
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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 32 b 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 1 and 2 at is greater than 250, you may be required to e-file (see instructions) 3	¢	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming						
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b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3a At any time during the calendary 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 accounts? b If "Yes," enter the name of the foreign country: Images and 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 accounts. 5a Was the organization apply to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization apply to a prohibited tax shelter transaction? 5b Lod any taxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Lod any taxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Lod 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? 5c Lod the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 6a X 6a X 6b Lod the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Lod the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 6b If "Yes," indicate the number of Forms 8282 filed during the year 1c Did th	2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,]							
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Section 501 (c) 17 12 12 12 13 13 14 15 15 15 15 15 15 15	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined federal employment tax returned federal employm	ns?		2b	X				
b ff 'Yes,' has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b f'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for Form TD 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X' If 'Yes,' to line 5a or 5b, did the organization file Form 8886-7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization receive any funds, directly or indirectly, or pay premiums on a personal benefit contract? f Did the organization feeling exchange, or otherwise dispose of tangible personal property for which it was required? if if the organization received a contribution of carls, boats, airplaines, or other vehicles, did the organization file Form 1998-C? 8 Spensoring organizations maintaining donor advised funds and section 501(3) supporting organization file a Form 1098-C? 9 Spensoring organization make a distribution in ordinary the excess business holdings at			s)							
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)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? See in the organization and any 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? If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive apyment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor? To the organization receive apyment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor? To the organization receive any funds, directly or indirectly, to pay premiums, directly or indirectly or indirectly or a personal benefit contract? To did the organization received a contribution of qualified intellectual property, did the organizations malifialing doner advised funds and section 500(a) supporting organizations. Belief and the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make and stribution to a donor, donor advised, or related person? Section 501(c)(12) organizations. Enter: a froes income from members or sha	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X			
b if "Yes," enter the name of the foreign country (such as a bank account, eccurries account, or other financial account)? b if "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-f7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization in eccive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," indicate the number of Forms 8282 filed during the year c Did the organization eccive a payment in excess of tangible personal property for which it was required to file Form 8282? f If the organization received a contribution of qualified intellectual property, do the organization file a Form 1098-C? 7 Sponsoring organization make any taxable distributions under section 509(a)(3) supporting organization file a Form 1098-C? 7 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C? 7 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C? 9 Sponsoring organizations maintaining donor advised funds and sect		•			3ь					
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O					8					
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	b	Gross income from other sources (Do not net amounts due or paid to other sources against								
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>						
Note. See the instructions for additional information the organization must report on Schedule O	13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	а	· · · · · · · · · · · · · · · · · · ·			13a					
	b	Enter the amount of reserves the organization is required to maintain by the states in which the	ſ	1						
organization is licensed to issue qualified health plans		organization is licensed to issue qualified health plans								
c Enter the amount of reserves on hand	С		13c				3.7			
14a Did the organization receive any payments for indoor tanning services during the tax year?			_				X			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O			000	(00+0			

COLORADO GARDEN SHOW, INC. 84-6045671 Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section 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 12 **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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8ь 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website Another's website X Upon request → Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization COLORADO GARDEN SHOW, INC. - (303)932-8100

959 S. KIPLING PARKWAY, SUITE 100, LAKEWOOD,

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

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

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

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per week	box	(do not check mo box, unless perso officer and a dire			than	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustae	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHUCK STROH	10.00	-						1800.	0.	0.
DIRECTOR	10.00	 	 	<u> </u>		-	├	1800.		<u> </u>
(2) JOHN ALDERMAN DIRECTOR	10.00	┨	ļ					1800.	o.	0.
(3) JERRY CONNELL	10.00		\vdash	-						
SECRETARY		1					ļ	1800.	0.	0.
(4) JEFF HINNERS DIRECTOR	10.00							1800.	0.	0.
(5) JAMES FRICKE	40.00									
EXECUTIVE DIRECTOR							<u> </u>	239479.	0.	0.
(6) JOAN FRANSON DIRECTOR	10.00	-						1800.	0.	0.
(7) DAVE HALL	10.00		<u> </u>					1800.	0.	0.
VICE PRESIDENT (8) JOHN PAUL MALIK	10.00						-	1800.	0.	0.
PRESIDENT (9) JOHN BISANT DIRECTOR	10.00							1800.	0.	0.
(10) NIECIE BANACH DIRECTOR	10.00							1800.	0.	0.
(11) DEBI BORDEN-MILLER DIRECTOR	10.00							1800.	0.	0.
(12) MATT BALDNER TREASURER	10.00	-						1800.	0.	0.
(13) DENISE HOFFMAN	10.00		-	· · ·						
DIRECTOR		-					-	1800.	0.	0.
			-							
		+				 				
	-	\top								

Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

\$100,000 of compensation from the organization

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
	······································		
per of independent contractors (including but of compensation from the organization	t not limited to those	listed above) who received more than	

Form 990 (2013)

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	7	Check if Schedule O cont	iains a response	or note to any line	e in this Part VIII			
	,		<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				· · · · · · · · · · · · · · · · · · ·	
Gra	t	Membership dues	16					
Am Am	c	Fundraising events	1c					
Giff	c	Related organizations	1d					
in,	e	Government grants (contribut	tions) 1e					
it o	f	All other contributions, gifts, gran	its, and	[
호		similar amounts not included abo	ve 1f					
d d	ę	Noncash contributions included in lines	3 1a-1f \$					
<u>8 0</u>	ŀ	Total. Add lines 1a-1f		<u> </u>	·			
İ				Business Code	2501020	2501020		
. <u>e</u>	2 a			541900	2591828.	2591828.		
e e	t	FALL HOME SHOW	REVENUE	541900	410144.	410144.		
n S	•	·					· ·	
Re	C	·		-				
Program Service Revenue	•							
_	f	, ,	enue		3001972.			
		Total. Add lines 2a-2f			3001772.			
	3	Investment income (including other similar amounts)	207961.	207961.				
	4	income from investment of ta	v.evemnt hand	oroceeds	20.3020			
	5	Royalties	wexempt bond ;	broceeds -			-	
	3	noyalies	(ı) Real	(II) Personal				
	6 a	Gross rents	21384.					
		Less: rental expenses	0.					
		Rental income or (loss)	21384.					
		Net rental income or (loss)		>	21384.			21384.
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1381293					
	t	Less cost or other basis						
		and sales expenses	1243226					
	•	Gain or (loss)	138067.					
	•	d Net gain or (loss)		•	138067.	138067.		
<u>o</u>	8 8	Gross income from fundraising	ng events (not					
ent		including \$	of					
ě		contributions reported on line	e 1c). See					
Other Revenue		Part IV, line 18	а					
퉏		Less: direct expenses	b	·				
-		Net income or (loss) from fun-	-	•				-
	9 á	Gross income from gaming a						
		Part IV, line 19	a .					
		Less: direct expenses	b	P				1
		Net income or (loss) from gan			· · · · · · · · · · · · · · · · · · ·			
	10 8	 Gross sales of inventory, less and allowances 						
		b Less cost of goods sold	a					
		Net income or (loss) from sale	_	'		İ		
		Miscellaneous Revenu	-	Business Code				
	11 -	OTHER INCOME	<u></u> _	541900	5881.	5881.		1
		b						
		·						
		d All other revenue						
		e Total. Add lines 11a-11d			5881.		, —	,
	12	Total revenue. See instructions			3375265.	3353881.	0	. 21384.

Form 990 (2013) COLORADO GARDI
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-			mplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	607224.	607224.		
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,	261002	176220	65270.	19584.
	trustees, and key employees	261082.	176228.	03270•	19364
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	114715.	75829.	34415.	4471.
7	Other salaries and wages	114/15.	13029.	24412.	44/1
8	Pension plan accruals and contributions (include	15206.	9124.	4561.	1521.
_	section 401(k) and 403(b) employer contributions)	13200.	3124.	4201.	1321
9	Other employee benefits	25389.	15233.	7617.	2539.
10	Payroll taxes	23309.	13233.	7017.	
11	Fees for services (non-employees):				
a	Management	3440.		3440.	
Ь	Legal	8185.		8185.	
C	Accounting	0103.			
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17 Investment management fees	43609.		43609.	
	Other. (If line 11g amount exceeds 10% of line 25,				•
9	column (A) amount, list line 11g expenses on Sch O				
12	Advertising and promotion	413935.	413935.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	28267.		28267.	
17	Travel	7948.	5961.	1987.	
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	34116.	34116.		
23	Insurance	62108.	37082.	20458.	4568
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)			1134 121 121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	RENT	557323.	557323.		
b	GARDEN/FLOWER SHOW MATE	195064.	195064.		
c	SCHOLARSHIPS	125011.	125011.		
d	DECORATING	114444.	114444.		44055
е	All other expenses SEE SCH O	520953.	419171.	57727.	44055
25	Total functional expenses. Add lines 1 through 24e	3138019.	2785745.	275536.	76738.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		İ		
	educational campaign and fundraising solicitation				
	Check here I If following SOP 98-2 (ASC 958-720)		<u> </u>		Form 990 (2013

ar	T A		-				
	•	Check if Schedule O contains a response or not	e to any line	in this Part X	- (A)	Γ-	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	_		17653.	1	465666.
	2	Savings and temporary cash investments		-	5128895.	2	5880997.
	3	Pledges and grants receivable, net	<u> </u>		3		
	4	Accounts receivable, net			58987.	4	51812
	5	Loans and other receivables from current and fo	77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	_	trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	(as defined under				
		section 4958(f)(1)), persons described in section	t t				
Assets		employers and sponsoring organizations of sect	•				
		employees' beneficiary organizations (see instr).			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		Ī		8	
	9	Prepaid expenses and deferred charges			100821.	9	101150.
	10a			ľ	, , , , , , , , , , , , , , , , , , , ,		
		basis. Complete Part VI of Schedule D	10a	1220493.			
	ь	Less accumulated depreciation	10b	296983.	929301.	10c	923510
	11	Investments - publicly traded securities				11	<u></u>
	12	Investments - other securities See Part IV, line	11			12	
	13	Investments · program-related See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	Ĺ	4000.	15	4000	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		6239657.	16	7427135
	17	Accounts payable and accrued expenses		2570.	17	4581	
	18	Grants payable			18	560186	
	19	Deferred revenue		219863.	19	208216	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of Sci	hedule D	H-34414 - 1111 - 1111144	21	, m-m
?	22	Loans and other payables to current and former					
		key employees, highest compensated employee	es, and disqu	ialified persons.			
		Complete Part II of Schedule L		1		22	·
j	23	Secured mortgages and notes payable to unrela	ated third pai	rties		23	
	24	Unsecured notes and loans payable to unrelate	d third partie	s		24	
	25	Other liabilities (including federal income tax, pa	ayables to rela	ated third			
	ļ	parties, and other liabilities not included on lines	s 17-24) Con	nplete Part X of			1 455
		Schedule D		L	1457.		1457.
	26	Total liabilities. Add lines 17 through 25			223890.	26	774440.
		Organizations that follow SFAS 117 (ASC 958	B), check her	re ▶ X and			
ß		complete lines 27 through 29, and lines 33 ar	nd 34.		6015565		6653605
	27	Unrestricted net assets		1	6015767.	27	6652695
ĺ	28	Temporarily restricted net assets		_		28	
2	29	Permanently restricted net assets	. —		29		
5		Organizations that do not follow SFAS 117 (A	ASC 958), ch	eck here 🕨 📖 📗			
5		and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds		-		30	
}	31	Paid-in or capital surplus, or land, building, or ed			· · · · · · · · · · · · · · · · · · ·	31	
	32	Retained earnings, endowment, accumulated in	ncome, or oth	ner funds	6015363	32	(([0(0[
:	33	Total net assets or fund balances		1	6015767.	33	6652695
	34	Total liabilities and net assets/fund balances			6239657.	34	7427135.

orm	990 (2013) COLORADO GARDEN SHOW, INC.	84-6045	671	Pag	ge 12
Par	rt XI Reconciliation of Net Assets				
	, Check if Schedule O contains a response or note to any line in this Part XI				X
			227	750	~ F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		752	
2	Total expenses (must equal Part IX, column (A), line 25)	2		380	
3	Revenue less expenses. Subtract line 2 from line 1	3		372	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60.	L57	<u>o / •</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	35	96	<u>82.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				^ -
	column (B))	10	665	269	<u> 95.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ليا.
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		1	
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both.			1	
	Separate basis Consolidated basis Both consolidated and separate basis		[1	
b	Were the organization's financial statements audited by an independent accountant?		2ь	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b]	
			Form	990 (2013)

SCHEDULE A (Form 990 of 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public inspection

Name o	f the organizat	ion						E	mployer	identificati	on nu	mber
		COLORAL	O GARDEN SHO	W, IN	IC				8	4-6045	671	
Part I	Reason	for Public Char	rity Status (All organi	zations mu	st complet	e this par	t.) See ins	tructions.	_			
The orga			because it is: (For lines									
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	scribed in section 13	70(b)(1)(A)(ii) . (Attach Sc	hedule E.))							
з 🗀	7		ital service organization			170(b)(1)	(A)(iii).					
4 🗀	A medical re	search organization	operated in conjunction	with a hos	spital desci	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital	's nan	ne,
	city, and sta		•							·		
5 🗀] An organizat	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)	·								
6 🗀	A federal, sta	ate, or local governm	nent or governmental uni	it describe	d in sectio	n 170(b)(I)(A)(v).					
7	An organizat	on that normally rec	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	ribed i	in
		(b)(1)(A)(vi). (Comple				_				•		
8 🗀	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	7		ceives (1) more than 33			rom contri	butions, n	nembershi	p fees, a	nd gross red	ceipts	from
	activities rela	ated to its exempt fu	nctions - subject to certa	aın excepti	ions, and (2	2) no more	than 33 1	1/3% of its	support	from gross	invest	ment
	income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 197	7 5.
	See section	509(a)(2). (Complete	e Part III.)									
10 🗔	An organizat	ion organized and o	perated exclusively to te	st for publ	lic safety. S	See sectic	n 509(a)(4	1).				
11 🗀	An organizat	ion organized and o	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes o	f one	or
	more publici	y supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Ch	eck the box	that	
	describes th	e type of supporting	organization and compl	lete lines 1	1e through	11h.						
	_ a L Type	1 b T	ype II c T	ype III - Fu	inctionally i	integrated	C	тур 📖 Т	e III - No	n-functional	y integ	grated
e	By checking	this box, I certify the	at the organization is not	t controlled	d directly o	r indirectly	by one o	r more dis	qualified	persons oth	er tha	ın
	foundation n	nanagers and other t	than one or more publicl	y supporte	ed organiza	tions des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f	If the organiz	ration received a wri	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check t	his box									
9	-		organization accepted a			-						1
	(i) A perso	n who directly or inc	directly controls, either a	lone or tog	ether with	persons o	described	ın (II) and (III) below		Yes	No
	-	• •	upported organization?							11g(i)		-
	•	•	n described in (i) above?		•					11g(ii)	 	
4.		A 35% controlled entity of a person described in (i) or (ii) above?									<u> </u>	L
h	Provide the 1	ollowing information	about the supported or	ganization	(S).							
		1		(1.) 1. 45.		(-) Did	414 . 41	(vi) Is	the			
, ,	ne of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your			lorganizatio	on in col. I	(vii) Amount		netary
UI.	rganization		above or IRC section		document?			(i) organiz U S	ea in the	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1	 							
							1	[
				 	 							
]	,]		J	}				
				1 -						_		
							1		1			
				1	<u> </u>		ļ		 			
								}				
	 .											
				ļ	ļ			ļ				
Total)	1	4		•	}	1	• 1			

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

Schedule A (Form 990 or 990-EZ) 2013

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				į	1	
	or expended on its behalf						
3	The value of services or facilities]	
	furnished by a governmental unit to				1	1	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				1		·
	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	,]		
	dividends, payments received on				-		
	securities loans, rents, royalties						
	and income from similar sources						·
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u> </u>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			<u> </u>			
11	Total support. Add lines 7 through 10				<u> </u>		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u>▶</u>
	ction C. Computation of Publ					1	
	Public support percentage for 2013 (I		•	column (f))		14	%
	Public support percentage from 2012	•	•			15	%
16a	33 1/3% support test - 2013. If the c				14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies		-				▶∟
b	33 1/3% support test - 2012. If the c	-			l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	iere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	t - 2012. If the org	anization did not i	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s >
					Sche	edule A (Form 990	or 990-F7) 2013

Schedule A (Form 990 or 990-EZ) 2013 COLORADO GARDEN SHOW, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	CIOW, DICAGE COINE	siote i dit ii.i			··	
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")				u.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2948364.	2931914.	2925875.	3017394.	3001972.	14825519.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2948364.	2931914.	2925875.	3017394.	3001972.	14825519.
7 <i>e</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Armounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)				, , ,		14825519.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	2948364.	2931914.	2925875.	3017394.	3001972.	14825519.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	94226.	165797.	135785.	161748.	373293.	930849.
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	0.4006	165707	125705	161740	272202	020040
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	94226.	165797.	135785.	161748.	373293.	930849.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	3042590.	3097711.	3061660.	3179142.	3375265.	15756368.
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	c Support Per	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) di	vided by line 13, o	olumn (f))		15	94.09 %
	Public support percentage from 2012					16	95.28 <u>%</u>
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colum	nn (f) divided by lin	ne 13, column (f))		17	5.91 %
18	, ,					18	4.72 %
19a	33 1/3% support tests - 2013. If the	-					
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2012. If the		-				▶ X
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	ınızatıon qualifies a	as a publicly suppo	orted organization	▶ <u></u>
20	Private foundation. If the organization	n did not check a l	box on line 14, 19:	a, or 19b, check th	is box and see ins	tructions	▶□

Schedule /	(Form 990 or 990-EZ) 2013 COLORADO	GARDEN SHOW,	INC.	<u>84-604567</u>	1 Page 4
Part IV	Supplemental Information. Provide	the explanations required	d by Part II, line 10, Part	II, line 17a or 17b; and Part III, line	e 12.
	Also complete this part for any additional info	ormation. (See instruction	ns).		
		· · · · · · · · · · · · · · · · · · ·			
		<u></u> .	·		
	——————————————————————————————————————				
			· · · · · · · · · · · · · · · · · · ·		
					
-					
				 	
			 		
					
			<u>-</u>		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Inspection

Employer identification number Name of the organization COLORADO GARDEN SHOW, INC. 84-6045671 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		O GARDEN S							<u>45671</u>		је 2
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Oth	er Simil	<u>ar Asse</u>	ts (continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a s	Ignificant	use of its	collection i	tems	
	(check all that apply):										
а	Public exhibition	d	· 🖳	Loan or exc	hange progr	ams					
b	Scholarly research	е		Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er sımıla	r assets		_		
	to be sold to raise funds rather than to be m								_ Yes		<u>No</u>
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" to	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e	<u>_</u>			
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	\square	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation	on has been	provided in	Part XIII					
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears ba	ack_
1a	Beginning of year balance		-								
b	Contributions										
C	Net investment earnings, gains, and losses				ļ_ _						
d	Grants or scholarships										
е	Other expenditures for facilities					i					
	and programs	·									
f	Administrative expenses										
9	End of year balance		<u> </u>		<u> </u>	!			<u> </u>		
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should be a sh					da a	h				
Ja	Are there endowment funds not in the posses.	ession of the organiz	ation the	at are neid a	ino aoministe	ered for t	ne organi	zation	V	es l	No
	by:								3a(i)	<u>es i</u>	10
	(i) unrelated organizations								3a(ii)	1	—
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	e lieted as required o	on Sche	dula R2					3ь	_	
4	Describe in Part XIII the intended uses of the								<u> </u>		
	t VI Land, Buildings, and Equipm			101100							_
التبيت	Complete if the organization answere), Part IV	/, line 11a. S	ee Form 990	, Part X,	line 10				
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book	/alue	
	Becompaint of property	basis (investr			(other)		preciation	- 1	,-, ===,,	•	
	Land	,			99713.				19	971	3.
	Buildings				61980.		1841	56.		782	
	Leasehold improvements										
	Equipment										
	Other			1	58800.		1128	27.	4.	597	3.
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	10(c))			>	92	351	0.

Schedule D (Form 990) 2013 COLORADO GA	RDEN BROW,	TIVC .		OUTSO/I Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market value
(1) Financial derivatives	<u> </u>	<u> </u>		
(2) Closely-held equity interests			•	
(3) Other				
(A)				
(B)				
(C)				
(D)	·			
(E)				
(F)				
(G) (H)				
Total. (Coi (b) must equal Form 990, Part X, coi (B) line 12)		······································		.,
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990 Part IV III	ne 11c See Form 990 F	Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of va	aluation Cost or end-	of-year market value
(1)	(4)		···	
(1)		-	<u> </u>	
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<u> </u>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ne 11d. See Form 990, F	Part X, line 15	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		·		
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15)		<u>▶</u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, II		990, Part X, line 25.	·····
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		1457		
(2) SECURITY DEPOSITS HELD		1457.		
(3)				
(4)				
(5)				
(6)				
(8)				
(9)		1457.		
Total (Column (b) must equal Form 990, Part X, col. (R) line	e 25.)	143/.	I	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	edule D (Form 990) 2013 COLORADO GARDEN SHOW, INC.	84-60)456/1 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
	. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		_
1	Total revenue, gains, and other support per audited financial statements	1	3774947.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 399	682.	
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants		
d			200600
е		2e	399682.
3	Subtract line 2e from line 1	3	3375265.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b			0
С		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3375265.
Pa	Reconciliation of Expenses per Audited Financial Statements With Expens	es per Keturn	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	- 121	3138019.
1	Total expenses and losses per audited financial statements	1	3136019.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
	Other (Describe in Part XIII)		0
е	Add lines 2a through 2d	2e	$\frac{0.}{3138019.}$
3	Subtract line 2e from line 1	3	3136019.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIII.)		0
С	Add lines 4a and 4b	4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3138019.
	rt XIII Supplemental Information.	<u> </u>	
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V, line 4, Part X,	line 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

SCHEDULEI (Form 990)

Department of the Treasury 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.

2013	Open to Public	· uctaection ·

OMB No 1545-0047

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

Employer identification number 84-6045671

ŀ	GARDEN SH	SHOW, INC.	!				84-6045671
Part # General Information on Grants and Assistance	nd Assistance						977
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	istance, and the select	tion X V.c.
criteria used to award the grants or assistance?	tance?	•	:				
ĭΩΓ	cedures for mont	toring the use of grant	funds in the United	States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	• United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	55,000. Part II can	be duplicated if additi	ional space is need	led.	A Mathad of		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(I) Melinod of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANCHOR CENTER FOR THE BLIND							
2550 ROSLYN ST		1809					FOR THE HORTICULTURE
DENVER, CO 80238	84-0893509	501(C)(3)	2000.	0.			THERAPY PROGRAM
1001100 110111 110011111							
ALAMOSA HIGH SCHOOL							GRANT TO FINISH NEW
805 CRAFT DKIVE	84-6011793	501(C)(3)	6000	0			GREENHOUSE
ARVADA GARDENERS							
12042 W 67TH PLACE							FOR ACCESSIBLE BEDS IN
ARVADA, CO 80004	84-1334253	501(C)(3)	5000.	0.			THE COMMUNITY GARDEN
HITTERELY PAVILION & INSECT CENTER							
6252 W 104TH AVE							
WESTMINSTER, CO 80020	84-1155029	501(C)(3)	2500.	0.			PEAKS TO PLAINS GARDEN
MOTHER TRAINING TENTED IN TOOL OF THE PARTY							
7995 E DEENHICE AVE #204							
GREENWOOD VILLAGE CO 80111	84-0745018	501(C)(3)	12500.	0			FOR THE COMMUNITY GARDEN
CITY OF LAKEWOOD							
							накта скан мозааттка
12100 W. ALAMEDA PKWY				(Manual Manual
LAKEWOOD, CO 80228	84-0593908		1200.	0.			FROGRAM GARDEN
2 Enter total number of section 501(c)(3) and government organizations	and government o	rganizations listed in th	listed in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
۔ ا	, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2013)

332101 10-29-13

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

Page 1

SHOW, INC.	Governments and Org
O GARDEN	r Assistance to
COLORADO GARDEN SHOW,	inuation of Grants and Other Assistance to Governments and
edule I (Form 990)	Continuation
Schedul	Part II

	GANDEIN OF	SHOW, INC.			2 200		04-004-0011 Fage 1
Mark # Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 99U), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Pa	TII.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO FEDERATION OF GARDEN CLUBS - 1040 CARIBOU DR WEST - MONUMENT, CO 80132	84-0563240	501(C)(3)	5000.	•0			TO SUPPORT THE CFGC EDUCATION PROGRAM
CENTENNIAL MENTAL HEALTH CENTER 211 MAIN ST STERLING, CO 80751	84-0781098	501(C)(3)	10000.	0.0			FOR A NEW GARDEN
CENTURA HEALTH AT HOME 1391 SPEER BLVD #600 DENVER, CO 80204	84-1335382	501(C)(3)	5000.	0.			FOR A GARDEN AT THEIR FACILITY
CITY OF GRAND JUNCTION 1340 GUNNISON AVE GRAND JUNCTION, CO 81501	84-6000592		14600.	•0			TO RENEVATE THE LAS COLONIAS PARK GARDEN
COLORADO STATE UNIVERSITY 1173 CAMPUS DELIVERY PORT COLLINS, CO 80523		501(C)(3)	. 5000.	0			SUPPORT THE MASTER GARDENER PROGRAM
COMMUNITY FOOD SHARE 650 S TAYLOR AVE LOUISVILLE, CO 80027	74-2227731	501(C)(3)	17500.	0.0			FLOOD RELIEF EFFORTS
CRAIG HOSPITAL 3425 CLARKSON ST. ENGLEWOOD, CO 80113	23-7352287	170	100000	0.			NEW GARDEN PLAZA
CSU EXTENSION - ADAMS COUNTY 9755 HENDERSON RD BRIGHTON, CO 80601	74-2586894	501(C)(3)	4500.	0			FOR THE 4-H YOUTH DEVELOPMENT PROGRAM
DENVER INDIAN FAMILY RESOURCE CENTER - 4407 MORRISON RD., STE 100 - DENVER, CO 80219	84-1568837	501(C)(3)	3000.	0			FOR THEIR COMMUNITY
							Schedule (Form 990)

Schedule I (Form 990)

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Schedule [(Form 990) COLORADO GARDEN SHOW, INC. Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	O GARDEN SI	SHOW, INC.	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		84-6045671 Page 1
_	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS COLORADO 5755 W. ALAMEDA AVE. LAKEWOOD, CO 80226	84-0412575	501(C)(3)	7500.	0			PHASE II OF GROUNDS IMPROVEMENTS
CSU EXTENSION - CLEAR CREEK P O BOX 2000 GEORGETOWN, CO 80444	84-6000751	501(C)(3)	4000.	0.			FOR THEIR DEMONSTRATION GARDEN
FOOD BANK FOR LARIMER COUNTY 1301 BLUE SPRUCE DRIVE FORT COLLINS, CO 80524	74-2336171	501(C)(3)	17500.	.0			PLOOD RELIEF EPFORTS
DOWNTOWN DENVER BUSINESS DISTRICT 511 16TH STREET, SUITE 200 DENVER, CO 80202	ET 84-1222797	501(C)(3)	25000.	0			SPONSORSHIP OF GARDEN BLOCK
FRIENDS OF DINOSAUR RIDGE 16831 W ALAMEDA PKWY MORRISON, CO 80465	84-1146279	501(C)(3)	2500.	0			PLANTS & TOOLS FOR NEW GARDEN AREA
FLAGSTAFF ACADEMY 2040 MILLER DRIVE LONGMONT, CO 80501	02-0688420	501(C)(3)	3000.	.0			FOR THE AQUAPONICS SYSTEM IN GREENHOUSE
FRCC FOUNDATION 3645 W. 112TH AVE. WESTMINSTER, CO 80031	84-1311148	501(C)(3)	75000.	.0			GREENHOUSE AT THE COLLEGE
GARDEN PROJECT OF SOUTHWEST COLORADO - P O BOX 4434 - DURANGO, CO 81302	30, 20-1682026	501(C)(3)	7500.	0.			FOR THEIR COMMUNITY GARDEN PROJECT
EXCELSIOR YOUTH CENTER 15001 E. OXFORD AVE AURORA, CO 80014	84-0681524	501(C)(3)	9000.	- 0			FOR EXPANDING THE EDUCATION AND THERAPY GARDEN
170020		<u>-</u>	,				Schedule I (Form 990)

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Fart II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa	r II.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GARDENS ON SPRING CREEK 2145 CENTRE AVE FORT COLLINS, CO 80526	84-6000587	501(C)(3)	3000.	0			FOR THE ROCK GARDEN
GRASSROOTS FOUNDATION P O BOX 3 JOES, CO 80822	84-1251403	501(C)(3)	10000.	0.			MULTI-USE TRAIL AND XERIC GARDEN
GROWING PROJECT P O BOX 388 FORT COLLINS, CO 80522	26-4087080	501(C)(3)	1500.	o			CLASS MATERIALS FOR GARDEN TIME
GUIDESTONE P O BOX 1056 SALIDA, CO 801201	20-8782291	501(C)(3)	7500.	0			PHASE III OF THE COMMUNITY GARDEN
HOSPICE OF NORTHERN COLORADO 2726 W 11TH STREET ROAD GREELEY, CO 80634	84-0777089	501(C)(3)	10000.	0.			FOR THEIR THERAPEUTIC GARDEN
HOUSING AUTHORITY OF THE CITY OF AURORA - 2280 S XANADU WAY - AURORA, CO 80014	74-1977541	501(C)(3)	3263.	0			RAISED BEDS FOR SENIORS AND THE DISABLED
KUNSMILLER CREATIVE ARTS ACADEMY 2250 S QUITMAN WAY DENVER, CO 80219	84-6000109	501(C)(3)	. 5000	0.			FOR A GARDEN AT THE SCHOOL
HUMPHREY MEMORIAL PARK AND MUSEUM 620 SOAD CREEK RD EVERGREER, CO 80439	84-1351158	S01(C)(3)	500.	0.			PLANTS & STARES AT HUMPHREY GARDEN
LYONS YOUTH PARKS & RECREATION BOX 9 LYONS, CO 80540	51-0152700	501(C)(3)	15000.	0			LYONS PLOOD RESTORATION

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Schedule I (Form 990) COLORADO GARDEN SHOW, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	GARDEN SH	SHOW, INC.	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		84-6045671 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACKINTOSH ACADEMY 6717 S BOULDER RD BOULDER, CO 80303	84-0747083	\$01(c)(3)	1357.	0			RAISED PLANTER BEDS IN SCHOOL GARDEN
MARIE L. GREENWOOD ACADEMY 5130 DURHAM CT DENVER, CO 80239		501(C)(3)	9000.	0			FOR EXPANSION OF THE GARDEN AT THE SCHOOL
NATURE & RAPTOR CENTER OF PUEBLO P O BOX 8295 PUEBLO, CO 81008	74-2269068	501(C)(3)	10000.	0.			TO RESTORE THE GARDEN
THE PARK PEOPLE 1510 S GRANT ST DENVER, CO 80210	84-6045624	501(C)(3)	7500	0.			DENVER DIGS TREES PROGRAM
MENTAL HEALTH PARTNERS 1333 IRIS AVE. BOULDER, CO 80304	84-0520493	501(C)(3)	750.	0.			FOR THE FOOD FOR THOUGHT GARDEN PROGRAM
	84-1339670	501(C)(3)	3000.	0.			PIKES PEAK VICTORY GARDEN PROJECT
PIONEER HISTORICAL SOCIETY OF BENT COUNTY - P O BOX 68 - LAS ANIMAS, CO 81054	84-0576719	501(c)(3)	10000.	0			TO LANDSCAPE BELL PARK
POUDRE VALLEY HEALTH FOUNDATION 2315 E HARMONY RD SUITE 200 FORT COLLINS, CO 80528	74-1894581	501(C)(3)	10929.	.0			FOR A HEALING GARDEN AT THE HOSPITAL
PUEBLO ARTS ALLIANCE P O BOX 1480 PUEBLO, CO 81002	38-3780485	501(C)(3)	7500.	0			LANDSCAPING AND IRRIGATION AT THE CENTRAL PLAZA
							Schedule I (Form 990)

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Schedule (Form 990) COLORADO GARDEN SHOW, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	GARDEN SH Assistance to Go	SHOW, INC.	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		84-6045671 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN MS CENTER 8845 WAGNER ST WESTMINSTER, CO 80031	84-0795455	501(C)(3)	7675.	.0			FOR IRRIGATION AND TREES
STAR CENTER 5420 S. QUEBEC ST., #103 GREENWOOD VILLAGE, CO 80111	27-4386097	501(C)(3)	10000.	0			EXTEND THE PROJECT GROW GARDEN
SALVATION ARMY 3900 E ARAPAHOE RD CENTENNIAL, CO 80122	94-1156347	501(C)(3)	10000	0			GARDENS & FRUIT ORCHARD
ST. ANTHONY NORTH HOSPITAL FOUNDATION - 2551 W 84TH AVE - WESTMINSTER, CO 80031	84-0902211	S01(C)(3)	75000.	0			HEALING GARDEN AT ST ANTHONY NORTH
SOUTHEAST HEALTH GROUP 711 BARNES LA JUNTA, CO 81050	27-1388543	501(C)(3)	5000.	0			FOR A GREENHOUSE AND VEGETABLE GARDEN
TOWN OF KIT CARSON P O BOX 375 KIT CARSON, CO 80825	84-0688574		.0009	0			KERIC PARK IN TOWN
TRI-COUNTY HEALTH DEPARTMENT 6162 S WILLOW DR #100 GREENWOOD VILLAGE, CO 80111	84-6002591	501(C)(3)	2250.	0			MATERIALS FOR THEIR GARDEN
TRINIDAD HISTORY MUSEUM 312 E MAIN ST TRINIDAD, CO 81082	84-6000482	501(C)(3)	5000.	0			MEMORIAL BUTTERFLY GARDEN
URBICULTURE COMMUNITY FARMS P O BOX 40579 DENVER, CO 80204	27-4755229	501(C)(3)	3000.	0.			SUPPORT OF THEIR ANNUAL BUDGET
							Schedule I (Form 990)

Page 1	
84-6045671	
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DO GARDEN SHOW,	
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84-6045671 Page 1	(h) Purpose of grant or assistance	PROJECT MATERIALS	FOR A GREENHOUSE, GARDEN AND COMPOSTER	FLOOD RELIEF EFFORTS				Schedule I (Form 990)
	(g) Description of non-cash assistance							
od (000 mag) oh be	(f) Method of valuation (book, FMV, appraisal, other)							
do O) octobas in the	(e) Amount of non-cash assistance	0	0	0				
	(d) Amount of cash grant	2700.	20005	15000.				
SHOW, INC.	(c) IRC section if applicable	501(C)(3)	501(C)(3)	501(C)(3)				
GARDEN SH	(b) EIN	74-2224631	84-1226374	74-2244826				
Schedule I (Form 990) COLORADO GARDEN SHOW, INC.	(a) Name and address of organization or government	VALLEY EDUCATION GARDENS INITIATIVE - P O BOX 1235 - ALAMOSA, CO 81101	YOUNG SCHOLARS ACADEMY 5815 TUTT CENTER POINT COLORADO SPRINGS, CO 80922	WELD FOOD BANK 220 DENVER AVE FORT LUPTON, CO 80621				

Page 2 (f) Description of non-cash assistance 84-6045671 (e) Method of valuation (book, FMV, appraisal, other) 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. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant COLORADO GARDEN SHOW, INC. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) Part III

Schedule I (Form 990) (2013)

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332102 10-29-13

SCHEDULE J (Form 990)⁻

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and rightest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COLORADO GARDEN SHOW, INC.

Employer identification number 84-6045671

Pe	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		,	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	1 !		
-	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to	i !		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tom 550 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	•	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Tes to any or lines 42 o, list the persons and provide the applicable amounts for each term in a city			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a	1	Х
h	Any related organization?	5b		X
•	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
·	contingent on the net earnings of:			
2	The organization?	6a	•	X
h	Any related organization?	6b		X
Ü	If "Yes" to line 6a or 6b, describe in Part III	-		
7				
•		7		x
p		<u> </u>		
O		ا م	•	y
^	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
9		,		1
7 8	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the lighted contract exception described in Form 990.	7		X X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1		
	Populations section 53 4058.6(c)?	(a '	I	1

Schedule J (Form 990) 2013

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

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	DE DE	dividual must equal t	ne total amount of F	orm 990, Part VII, S	ection A, line 1a, applic	able column (D) and (E) amounts for that inc	ʻ dividual.
		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation		(2) (9)	
(1) JAMES FRICKE	ε	239479.	0	0	0	0	23947	
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Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 84-6045671 COLORADO GARDEN SHOW, INC. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: MANAGEMENT REVIEWS TAX RETURN BEFORE SUBMITTING. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: ALL REQUIRED INFORMATION IS AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: PUBLIC RELATIONS: PROGRAM SERVICE EXPENSES 75126. 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES TOTAL EXPENSES 75126. CONSTRUCTION/ HIGHLIFTS: PROGRAM SERVICE EXPENSES 55170. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 55170. BANK CHARGES: 49822. PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 49822. TOTAL EXPENSES

SECURITY AND FIREMEN:

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Employer identification number
COLORADO GARDEN SHOW, INC.	
	48216.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	48216.
PRINTING:	
PROGRAM SERVICE EXPENSES	45038.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	45038.
GROWER/GREENHOUSE:	
PROGRAM SERVICE EXPENSES	40637.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	40637.
CONTRACT/TEMPORARY LABOR:	
PROGRAM SERVICE EXPENSES	23014.
MANAGEMENT AND GENERAL EXPENSES	16898.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	39912.
PARKING:	
PROGRAM SERVICE EXPENSES	36545.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36545.
332212 09-04-13 3 3	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Page 2 Employer identification number
COLORADO GARDEN SHOW, INC.	84-6045671
SIGNS AND BANNERS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	27495.
TOTAL EXPENSES	27495.
SPONSORSHIP COMMISSIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	14787.
TOTAL EXPENSES	14787.
OTHER OVERHEAD:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	13457.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13457.
ROTARY TICKETS:	
PROGRAM SERVICE EXPENSES	13000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13000.
POSTAGE/SUPPLIES:	
PROGRAM SERVICE EXPENSES	11816.
MANAGEMENT AND GENERAL EXPENSES 332212 09-04-13	0 . Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization COLORADO GARDEN SHOW, INC.	Employer identification number $84-6045671$
FUNDRAISING EXPENSES	622
	12438.
TOTAL EXPENSES	124307
AUTO:	
PROGRAM SERVICE EXPENSES	6904.
MANAGEMENT AND GENERAL EXPENSES	3459.
FUNDRAISING EXPENSES	1151.
TOTAL EXPENSES	11514.
EQUIPMENT SERVICES:	0
PROGRAM SERVICE EXPENSES	0. 8006.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8006.
ASID:	
PROGRAM SERVICE EXPENSES	7917.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7917.
DUES/SUBSCRIPTIONS/ TRAINING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5323.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5323
TELEPHONE:	
332212 09-04-13 35	Schedule O (Form 990 or 990-EZ) (2013

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Page 2
COLORADO GARDEN SHOW, INC.	Employer identification number 84-6045671
PROGRAM SERVICE EXPENSES	433.
MANAGEMENT AND GENERAL EXPENSES	4060.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4493.
THEATER:	
PROGRAM SERVICE EXPENSES	4205.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4205.
DIRECTOR CATERING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4153.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4153.
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2371.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2371.
GIFTS/AWARDS/PLAQUES:	
PROGRAM SERVICE EXPENSES	778.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 332212 09-04-13	778. Schedule O (Form 990 or 990-EZ) (2013)
09-04-13	Schedule O (Form 880 Of 880-EE) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization COLORADO GARDEN SHOW, INC.	Page 2 Employer identification number 84-6045671
. COLORADO GARDEN SHOW, INC.	04-0043071
ELECTRICAL AND LIGHTING:	
PROGRAM SERVICE EXPENSES	359.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	359.
HOUSEKEEPING/TRASH HAULING:	
PROGRAM SERVICE EXPENSES	191.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	191.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 520953.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN ON MARKETABLE SECURITIES	399682.
	,
00000	

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

OMB No 1545-0172 Attachment Sequence No 179

990

Name(s) shown on return

► Attach to your tax return. Business or activity to which this form relates

Identifying number

CO	LORADO GARDEN SHOW,	INC.		FOR	м 9	90 1	PAGE 10			84-6045671
Pε	ert Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	ou have any lis	ted pr	operty,	complete Par	t V befor	e yo	u complete Part I.
	Maximum amount (see instructions)	-	-					1		500000.
2	Total cost of section 179 property place	d in service (see	instructions)					2	
	Threshold cost of section 179 property			,				3	3	2000000.
	Reduction in limitation Subtract line 3 fi			er -0-				-	,	
_	Dollar limitation for tax year Subtract line 4 from line				inetnic	tions			5	· · · · · · · · · · · · · · · · · · ·
6	(a) Description of pro		- u mamou m	(b) Cost (busin			(c) Elect	ed cost		- 111 111 111 111 111 111 111 111 111 1
<u> </u>		· ·							\exists	
				 						
									-	
									-	
_	Lord discounts Entered to a constant of the co	h 00				7			-	
	Listed property. Enter the amount from				_				\dashv	
	Total elected cost of section 179 proper	-	in column (c), lines 6 and	′			8		
	Tentative deduction. Enter the smaller									
	Carryover of disallowed deduction from	•				_		1		
	Business income limitation. Enter the sn		•		•	ine 5		1		
	Section 179 expense deduction Add lin				ne 11			1	2	
	Carryover of disallowed deduction to 20		•			13	- · · · · · · · · · · · · · · · · · · ·			
	e: Do not use Part II or Part III below for									
Pa	art II Special Depreciation Allowar	ice and Other D	epreciation	(Do not inclu	de list	ed prop	perty.)			
14	Special depreciation allowance for quali	fied property (oth	ner than liste	d property) pl	aced I	n servi	ce during			
	the tax year							1	4	
15	Property subject to section 168(f)(1) elec-	ction						1	5	
16	Other depreciation (including ACRS)							1	6	
Pa	art III MACRS Depreciation (Do not	: include listed pr	operty.) (See	e instructions.)					
			Se	ection A						
17	MACRS deductions for assets placed in	service in tax ye	ears beginnir	ng before 2013	3			1	7	30275.
18	If you are electing to group any assets placed in servi	ce dunng the tax year	into one or more	general asset acc	ounts, c	heck here	, > [
	Section B - Assets	Placed in Servic	e During 20	13 Tax Year l	Jsing	the Ge	neral Deprec	iation Sy	/ste	m
	(a) Classification of property	(b) Month and year placed in service	(business/ii	or depreciation nvestment use instructions)	(d)	Recovery penod	(e) Conventio	n (f) Metho	bd	(g) Depreciation deduction
19a	3-year property			,						
b	5-year property	1		35176.	5	YRS	. HY	SL		3518.
				4519.	7	YRS	. HY	SL		323.
ď										
e	15-year property									
	20-year property			· · · · · ·				<u> </u>		
g	05	1			2	25 yrs.		S/L		
	20 /00. p. opo)	,				7.5 yrs.	MM	S/L	\neg	
h	Residential rental property	,				7 5 yrs.	MM	S/L	\dashv	
		Ì					MM	S/L	_	
i	Nonresidential real property	/		· · · · · · ·		9 yrs.	MM	S/L	\dashv	
	Section C - Assets Pl	aced in Service	During 201	3 Tay Year III	eina t	he Alte			Svet	
		Total III der vice	During 201	O TOX TEGI O	3g t	iie Aite	Thative Depre		7	
<u>20a</u>		1			<u> </u>	0		S/L		
b		· · · · · · · · · · · · · · · · · · ·			t	2 yrs.	2414	S/L		
C		/			4	l0 yrs.	MM	S/L		
	art IV Summary (See Instructions.)	-								
	Listed property Enter amount from line							_2	1	
	Total. Add amounts from line 12, lines 1									24116
	Enter here and on the appropriate lines				tions -	see ins	str.	2	2	34116.
23	For assets shown above and placed in s	service during the	e current yea	ar, enter the						
	portion of the basis attributable to section	on 263A costs				23				

Foi	rm 4562 (2013)	COL	ORADO	GARDE	N SH	OW,	INC.					84-	-6045	671	Page 2	
P	art V Listed Proper	t y (Include a	utomobiles,	certain oti	ner vehic	les, cer	taın com	puters	s, and prop	erty us	ed for er					
	amusement.) Note: For any	vehicle for wi	hich vou are	using the	standar	d milean	re rate o	r dodu	ctina leasa	avnan	se comr	loto on	h/24a 2	th colum	nns (a)	
	through (c) of S	Section A, all	of Section E	3, and Sec	tion C if	applica	ble	0000	curiy lease			nete on	wy 24a, 2	+D, COIUT	1113 (a)	
	Section A -	Depreciation	on and Othe	r Informa	tion (Ca	ution: 3	See the i	nstruc	tions for li	mits for	passeng	er autoi	mobiles.)			
<u> 24a</u>	Do you have evidence to s	support the bu	sıness/investr	nent use cl	aimed?	<u> </u>	es	No	24b If "Y	es," is 1	he evide	nce writ	tten?	Yes [No	
	(a)	(b)	(c)	.,	(d)		(e)		(f)		(g)		(h)	_	(i)	
	Type of property (list vehicles first)	Date placed in	Busines: investme	nt l	Cost or		sis for depri siness/inve		Recovery		ethod/ vention		eciation luction		cted in 179	
	(list veriloles ilist)	service	use percent	age of	her basis		use only	/)	period	Cui	vention	ueu	iuction		ost	
25	Special depreciation allo	owance for q	ualified liste	d property	placed	ın servi	ce during	g the t	ax year an	d						
	used more than 50% in										25			l		
26	Property used more tha	n 50% in a q	ualified busi	ness use												
		 		%						ļ						
		<u> </u>		%		_										
		L.,		%					L					L		
27	Property used 50% or le	ess in a quali	tied busines	1					·	T = :::		ı		F		
		.		%						S/L·		ļ				
		· · ·		%						S/L·						
	Add	(h) linna 05	<u> </u> 	<u>% </u>		li 01			1	S/L·	00					
	Add amounts in column		-				, page 1				28	l	29			
29	Add amounts in column	(I), IIIIe 20. E	mere an	Section			on Hea	of Val	nieles				29			
Co	mplete this section for ve	hicles used	by a sole pr							ar ralate	d persor	lf vou	provided	Lvobiolog		
	your employees, first ans										•	•	•		•	
ιο ,	your employees, mst ans	wei the ques	Stions in Sec	tion C to	see ii yo	J IIICCL (an excep	olion (Completi	ng uns	Section	or those	Vernoles	··		
	·				a)	-	(b)	1	(c)		(d)		(e)	(f	(f)	
30	Total business/investment	miles driven d	urina the	1	nicle	·	hicle	\ \	/ehicle		hicle		hicle	Veh		
	year (do not include comr		y •				Vollidio									
31	Total commuting miles	• ,	the year													
	Total other personal (no	-	-													
	driven	•	•													
33	Total miles driven during	g the year														
	Add lines 30 through 32	2										<u> </u>				
34	34 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	_ No	
	during off-duty hours?															
35	Was the vehicle used p	rımarıly by a	more													
	than 5% owner or relate	ed person?						<u> </u>			ļ					
36	Is another vehicle availa	ble for perso	nal					Ì								
	use?										1			,		
		Section C	- Questions	for Emp	loyers W	/ho Pro	vide Vel	nicles	for Use by	y Their	Employe	ees				
	swer these questions to	determine if y	you meet an	exception	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	re not m	ore than	5%	
	ners or related persons.													1	T	
37	Do you maintain a writte	en policy stat	ement that	prohibits a	all persor	nal use	of vehicle	es, Inc	luding cor	nmutin	g, by you	r		Yes	No	
20	employees?														+	
30	Do you maintain a writte															
20	employees? See the ins			•		ticers, c	airectors	, or 19	o or more	owners					+	
	Do you treat all use of v	•		•		nforma	tion from		مصمامينمم					-	+	
40	Do you provide more the the use of the vehicles,		•			morma	tion from	ı your	employees	s about						
44	Do you meet the require					monotr	ntion line								\vdash	
41	Note: If your answer to								covered ve	hiclas						
D	art VI Amortization	37, 30, 3 3 , 4	0, 01 41 13 1	es, 00 m	ot corripi	<u> </u>	.iiOII B IC	ii tiie c	JOVETEG VE	HICIES				k		
	(a)	-		(b)	1	(c)		\neg	(d)		(e)			(f)		
	Description o	ite amortization Amortizable Code					Amortiza period or per	nortization ir this year								
42	Amortization of costs th	at begins du	ring your 20		ar.						2220 0. poi					
_				.,,-				\neg								
_																
43	Amortization of costs th	at began bet	fore your 20	13 tax yea	ar							43				
	Total. Add amounts in o	=				report						44				