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# Form 990

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013
Open to Public

Inspection

<u>A</u>	For the	2013 cale	ndar year, or tax year beginning 07/01, 2013, and en	nding			) ,20 14
В	Check if	applicable	C Name of organization OLD COLORADO CITY ASSOCIATES LTI	)			er identification number
	Address	change	Doing Business As			84-0	0885334
	Name ch	hange	Number and street (or P O box if mail is not delivered to street address)  Room	n/suite	Ε	Telepho	ne number
	Initial ret	turn	PO BOX 6206			719-	-577-4112
	Termina	ted	City or town, state or province, country, and ZIP or foreign postal code				
	Amende	ed return	COLORADO SPRINGS, CO 80934		l <sub>G</sub>	Gross re	eceipts \$ 338802
	Applicat	ion pendina	F Name and address of principal officer  JULIE FABRIZIO				subordinates? Yes No
			2514 W COLORADO AVE COLORADO SPRINGS, CO 80904				s included? Yes No
1	Tax-exe	mpt status	• •	No," attach a list (see instructions)			
J	Website		H(c) Group ex	emption	number ▶		
ĸ			Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of for		1984		of legal domicile CO
_	art i	Summ					
	1		escribe the organization's mission or most significant activities:	-			<del></del>
ø		-	ON OF OLD COLORADO CITY AND THE HISTORICAL DISTRICT				
Governance	ļ						
e.	2	Check th	is box ▶☐ if the organization discontinued its operations or dispose	ed of m	nore than 2	5% of	its net assets.
Š	3		of voting members of the governing body (Part VI, line 1a)			3	6
æ	4		of independent voting members of the governing body (Part VI, line			4	6
es	5		mber of individuals employed in calendar year 2013 (Part V, line 2a)	•		5	
Activities &	6		mber of volunteers (estimate if necessary)			6	
Act	7a		related business revenue from Part VIII, column (C), line 12			7a	
	b		lated business taxable income from Form 990-T, line 34			7b	
_	1			Prior Year		Current Year	
•	8	Contribu	tions and grants (Part VIII, line 1h)				
Ž	9		service revenue (Part VIII, line 2g)	339	107	338111	
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d). IVED			617	691
ď	11		venue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)				
	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12	) <del> </del>	339	724	338802
	13		nd similar amounts paid (Part IX, column (A), lines 1-3))				
	14		paid to or for members (Part IX, column (A), line 4)				
G	1 4-		other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses	16a		onal fundraising fees (Part IX, column-(A), line 11e)				
ğ	b		ndraising expenses (Part IX, column (D), line 25) ▶		-		
ŭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		290	947	390928
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			947	390928
	19	-	e less expenses. Subtract line 18 from line 12			3777	-52126
- <b>a</b> §	ß				inning of Curre		End of Year
sets or	20	Total ass	sets (Part X, line 16)	. 🗀	316	5944	333003
.] §§6	21		oilities (Part X, line 26)	. 0			65547
Net Ass	22		ets or fund balances. Subtract line 21 from line 20	. 🗀	316	5944	267456
P	art II		ture Block				
<del>ں</del> ر	nder pena	alties of perji	ury declare that I have examined this return, including accompanying schedules and	statemen	its, and to the	best of	my knowledge and belief, it is
` tr	ue, correc	ct, and comp	Nete Declaration of preparer (other than officer) is based on all information of which pre	parer has	s any knowled	dge	11 1 1
J			Juli Johnse			11-	1179
ÿSi,	gn	Sign	nature of officer		Date		
"He	ere	J	ŬLIE FABRIZIO, PRESIDENT				
/ .s			e or print name and title				
S.P.	aid	Print/T	ype preparer's name Proparer's signature	Date		Check	PTIN PTIN
	repare	er <u>T</u> I	MOTHY ZYWICKI / Alrasu	11	/10/14		
	se On		name > SELECT BUSINES TAX SOLUTIONS I	NC	Firm's	s EIN ►	26-4024400
_		יין עיי	address ► 1755 TELSTAR DRIVE STE 501 80920-		Phone		719-265-9700
Ma	av the I		ss this return with the preparer shown above? (see instructions) .				X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

QNA

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Form **990** (2013)

198267

Total program service expenses >

Form 99	CLD COLORADO CITY ASSOCIATES LTD 84-08853.	34		· · · · 3
Part			<del>'</del>	Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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.	15		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	18	<del>                                     </del>	X
20 a		19 20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		х
	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, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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? 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		Х
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		Х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
$\Delta N\Delta$	<del> </del>		000	1 (0040)

rart				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	· ·	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0		162	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	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?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		
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)?	4a	_	X
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.	~		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			\ <del></del>
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
0	organization, have excess business holdings at any time during the year?	8		X
9 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	30		1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter.	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	X
1_	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		-		1
C 1/1-2		44-	<del> </del>	X
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	<u>  ^-</u>
	ii ies, iias it iiied a roitii 720 to report tiiese payments? II ivo, provide an explanation iii Schedule O .	14b	1	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Section	on 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.) Yes	
10-	Did the expension have lead chapters, branches, or efflicted?	10a	res	No X
10a b	Did the organization have local chapters, branches, or affiliates?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	i
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
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Ĺ	X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	ļ	X
16a		_		
b	with a taxable entity during the year?	16a		X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, anc
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization.   DAVID VAN NESS 719-577-4112 PO BOX 6206 COLORADO SPRINGS, CO 80904	of the	e 	

Form 990 (2013)

Form 990 (2013)

QNA

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Part VII	Compensation of Officers, Directors, Trust	es, Key Employees	, Highest Compensated Employees	s, 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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	or any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	rage box, unless person is both an officer and a director/trustee)  Report comper					an tee)	Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer Institutional trustee		Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JULIE FABRIZIO PRESIDENT	15			Х				0	0	0
(2) JASON SMITH VICE-PRESIDENT	2			х				0	0	0
(3) HEATHER JOFEE SECRETARY	2			х				0	0	0
(4) DON ORR TREASURER	2	Х						0	0	0
(5) SARAH CURRY DIRECTOR	2	х						0	0	0
(6) SCOTT TURNER DIRECTOR	2	х						0	0	0
(7)	-	<u>.                                    </u>	_							
(8)										
(10)			_	_			_			
(11)	-			_						
(12)		_	-	_	_		-			
(13)							-			
(14)		_		_	_					
		<u> </u>				<u> </u>		<u> </u>		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					-	C)			ļ				
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)		(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	is both	n an	Reportable compensation	Reportable		Stimated	
		week (list any			_	_	or/trust	·	from	compensation fro related	2111	mount o other	ıī
		hours for	Individual trustee or director	nst	Officer	Key employee	흵	Former	the	organizations		mpensati	
		related organizations	re du	\$	ĕ	em m	loyest oye	ner	organization (W-2/1099-MISC)	(W-2/1099-MIS	· 1	from the	
		below dotted	[ 호류	ona		용	8 8		(44-271099-141130)			ganızatıc nd relate	
		line)	l st	Ę		ee	npe				or	ganızatıo	ns
			&	Institutional trustee			Highest compensated employee						
							8	L.					
(15)		<b></b>			l								
				ļ									
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	<u> </u>						L						
(21)	***************************************						ł						
(22)													
(23)													
						<u> </u>							
(24)													
(25)													
1b	Sub-total							ightharpoons					
С	Total from continuation sheets to Part	VII, Section	n A					ightharpoons					
d	Total (add lines 1b and 1c)		<u> </u>				·	<b>&gt;</b>					
2	Total number of individuals (including bu	t not limited	to th	ose	e list	ted	above	e) w	ho received m	ore than \$100	,000 of		
	reportable compensation from the organ	ization ►											
												Yes	s No
3	Did the organization list any former of												1
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ividi	ual	•			· [:	3.	X
4	For any individual listed on line 1a, is the												
	organization and related organizations												
	ındıvıdual											1	X
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y ur	related organi	zation or indivi	dual _		
	for services rendered to the organization	? If "Yes," o	compi	lete	Scl	nedi	ule J	for s	such person			5	X
Section	on B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rej	port compe	ensatio	on f	or ti	he c	alenc	dar y	year ending wil	th or within the	e organiz	ation's	tax
	year.												
	(A)								(B)			(C)	
	Name and business add	dress							Description of s	ervices	Comp	ensation	
								$\Box$					
		_											
2	Total number of independent contractor							o th	nose listed ab	ove) who			
	received more than \$100,000 of compen	sation from	the o	rgaı	nıza	tion	<b>•</b>						
								_					

Part VIII		Statement of Revenue									
		Check if Schedule O contains a res	ponse or note to	any line in this	Part VIII		🗆				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
nts	1a	Federated campaigns 1a					1				
iza ori	b	Membership dues 1b									
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events 1c									
	d	Related organizations 1d									
imi	е	Government grants (contributions) 1e									
tion er S	f	All other contributions, gifts, grants,									
호호		and similar amounts not included above 1f					1				
ם מ	g	Noncash contributions included in lines 1a-1f. \$									
	h	Total. Add lines 1a-1f	<u> ▶</u>				1				
Program Service Revenue			Business Code								
eve		MEMBERSHIP DUES	561499	10255	10255						
e e		TERRITORY DAYS AND E	561499	326956	327056						
<u>Ş</u> .	· .	OTHER INCOME	561499	900	900						
န္	d										
ram	e	All									
log l	1 ~	All other program service revenue.	L	220111							
-	<u>g</u> 3	<b>Total.</b> Add lines 2a–2f	onde interest	338111	I	<del> </del>	<del></del> '				
	3	•		691	691						
	4	Income from investment of tax-exempt be			091						
	5	Davidhaa	ond proceeds								
		(i) Real	(II) Personal								
	6a	Gross rents	,,,				ļ				
	b	Less: rental expenses	-								
	C	Rental income or (loss)									
	d	Net rental income or (loss)	•								
	7a	Gross amount from sales of (i) Securities	(II) Other								
		assets other than inventory					1				
	b	Less cost or other basis									
		and sales expenses .									
	С	Gain or (loss)									
	d	Net gain or (loss)									
/enne	8a	Gross income from fundraising events (not including \$									
Other Reven		of contributions reported on line 1c). See Part IV, line 18 a									
ŧ	b	Less: direct expenses b									
,	с 9а	Net income or (loss) from fundraising Gross income from gaming activities. See Part IV, line 19		<del></del>							
							ı				
	b	Less direct expenses <b>b</b> Net income or (loss) from gaming act									
		Gross sales of inventory, less	Villes								
	IVa	returns and allowances a					1				
	ь	Less: cost of goods sold b									
		Net income or (loss) from sales of inv					'				
		Miscellaneous Revenue	Business Code								
	11a										
	b			-		···· —					
	c										
	d	All other revenue									
	e	Total. Add lines 11a-11d	•				1				
	12	Total revenue. See instructions		338802	338902						

	Check if Schedule O contains a respons				<u> </u>
8b, 9t	ot include amounts reported on lines 6b, 7b, o, 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				:
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	20000	21.000	0000	
a b	Management	30000	21000	9000	
C	Legal	1962		1962	
d	Lobbying	1702		1902	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	4465	4465		
12	Advertising and promotion	130896	130896		
13	Office expenses	16619	8519	8100	
14	Information technology				
15	Royalties				
16	Occupancy	2052		2052	
17	Travel			_	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		. <u></u>		
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	220		330	
22 23	Depreciation, depletion, and amortization . Insurance	338 2466	2466	338	
23 24	Other expenses Itemize expenses not covered	2400	2400		
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	COST OF EVENTS	132394	132394		
b	EVENT COORDINATION	65873	65873		
С	WELCOME CENTER EXPENSES	2774		2774	
	MEALS	523		523	
e	All other expenses	253		253	
25	Total functional expenses. Add lines 1 through 24e	390928	365613	25315	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X				
	Check if Schedule O contains a response or note to any line in this Pai		<u></u> ,	<u> C</u>
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	5820	1	154952
2	Savings and temporary cash investments	307761	2	76190
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2000	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		- 6	
7	Notes and loans receivable, net		7	
8   3	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	· · · · · · · · · · · · · · · · · · ·			
Ь		1223	10c	101599
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	140	15	26
16	Total assets. Add lines 1 through 15 (must equal line 34)	316944	16	33300
17	Accounts payable and accrued expenses	310344	17	1:
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	9
1	Loans and other payables to current and former officers, directors,		21	
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L			
<u> </u>	, , , , , , , , , , , , , , , , , , ,		22	CEAA
_   23	Secured mortgages and notes payable to unrelated third parties		23	6544
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D		2-	
200		0	25	6554
26	Total liabilities. Add lines 17 through 25		26	6554
ន្ឋ	complete lines 27 through 29, and lines 33 and 34.			
2   27				
27	Unrestricted net assets		27	
20 29	Temporarily restricted net assets	<del></del>	28	
<u> </u>	,		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► 🔯 and complete lines 30 through 34.			
5   22	· · · · · · · · · · · · · · · · · · ·			
30	Capital stock or trust principal, or current funds	. <del>-</del> -	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	21.0044	31	0.6745
27 28 29 30 31 32 33 33 33 33 33 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds .	316944	32	26745
	Total net assets or fund balances	316944		26745
34	Total liabilities and net assets/fund balances	316944	34	33300

84-0885334 Form 990 (2013) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . Total revenue (must equal Part VIII, column (A), line 12) 338802 1 2 Total expenses (must equal Part IX, column (A), line 25) 390928 2 3 Revenue less expenses. Subtract line 2 from line 1 . . . . . . . . -52126 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 3169445 5 6 6 7 7 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . . . . 9 2638 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 267456 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . Yes No Accounting method used to prepare the Form 990: X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a X If "Yes." check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both-X Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

QNA

Schedule O.

Form 990 (2013)

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Se	ction 501(c)(3) organizations t	hat have filed Form 5768 (election und	er section 501(h)). C	complete Part II-A Do not co	mplete Part II-B.
• Se	ction 501(c)(3) organizations t	hat have NOT filed Form 5768 (election	n under section 501	(h)): Complete Part II-B Do n	ot complete Part II-A.
lf the o	rganization answered "Yes,	," to Form 990, Part IV, line 5 (Proxy <sup>-</sup>	Tax) or Form 990-E	Z, Part V, line 35c (Proxy Ta	ax), then
	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III			
Name o	of organization			Employer iden	tification number
$\overline{OL}$		ASSOCIATES LTD			885334
Part		e organization is exempt unde			rganization.
1	Provide a description of t	he organization's direct and indire	ct political campa	ign activities in Part IV.	
2	Political expenditures .			▶ \$	
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt und	er section 501(d	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	
2	Enter the amount of any e	excise tax incurred by organization	managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1	Enter the amount directi	ly expended by the filing organiz	ation for section	527 exempt function	
				-	
2		filing organization's funds contrib			
		vities			
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
	line 17b				
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year	?		Yes No
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	zation's funds. Also enter
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	. ,			filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
				i	political organization If
					none, enter -0-
(1)					
(2)					
<u>`</u>					
(3)					
<u></u>					
(4)		ļ			
	·			<del>                                     </del>	
(5)			1		
				<u> </u>	<del></del>
(6)		ļ	1		

QNA

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under Part II-A section 501(h)). Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply. **Limits on Lobbying Expenditures** (b) Affiliated (a) Filing (The term "expenditures" means amounts paid or incurred.) organization's totals group totals Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) . Total lobbying expenditures (add lines 1a and 1b) . . . . . Other exempt purpose expenditures . . . . . . . . . Total exempt purpose expenditures (add lines 1c and 1d) . . Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 ☐ Yes ☐ No reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a) 2010 (d) 2013 (e) Total **(b)** 2011 (c) 2012 beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013

scriptio	' Tes. Tesponse to lines la through 11 below provide in Part IV a detailed l	(:	a)		(b)	_
1 Dur	"Yes," response to lines 1a through 1i below, provide in Part IV a detailed on of the lobbying activity.	Yes	No	А	moun	t
legi	ring the year, did the filing organization attempt to influence foreign, national, state or local islation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of:					
a Volu	unteers?					
<b>b</b> Paid	d staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
	dia advertisements?					
<b>d</b> Mai	ılıngs to members, legislators, or the public?				-	_
e Pub	plications, or published or broadcast statements?					
	ants to other organizations for lobbying purposes?					
	ect contact with legislators, their staffs, government officials, or a legislative body?					
h Rall	lies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	ner activities?					
	al. Add lines 1c through 1i					
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	Yes," enter the amount of any tax incurred under section 4912					_
d If th	Yes," enter the amount of any tax incurred by organization managers under section 4912					_
art III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5),	or se	ction		
					Yes	I
	ere substantially all (90% or more) dues received nondeductible by members?			1	ļ	ļ
	the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	1
3 Did art III-E	the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)			3		Į,
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b)	) Parl	t III-A,	line	3
	es, assessments and similar amounts from members		1			
	ction 162(e) nondeductible lobbying and political expenditures (do not include amounts litical expenses for which the section 527(f) tax was paid).	of				
	rrent year		2a			
<b>b</b> Car	rryover from last year		2b	ļ <u>.</u>		
<b>c</b> Tot			2c			
	gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	cess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	yıng				
	d political expenditure next year?	•	4	ļ		_
	xable amount of lobbying and political expenditures (see instructions)	•	5	L		_
	Supplemental Information  e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground 1. Also, complete this part for any additional information.	up lis	st); Pa	rt II-A,	line 2	;

Schedule C (Form	m 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information (continued)	
-		

#### 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.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a ► Attach to Form 990.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number OLD COLORADO CITY ASSOCIATES LTD 84-0885334 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 Total number at end of year . . . . 1 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No 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 land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ 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 Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 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) R ☐ Yes ☐ No 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. 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: 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: Assets included in Form 990, Part X

#### Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		37983	4	37983
b	Buildings		39517		39517
С	Leasehold improvements		15347		15347
d	Equipment		4408	2986	1422
е	Other		7579	253	7326
otal.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10(	′c).) ▶	101595

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" to	Form 000 Part IV June	11h Soo Form 000 Part V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial			
	neld equity interests		
(3) Other	•		
(A)			
(B)			
(C)			
(D)			
(E)			· · · · · · · · · · · · · · · · · · ·
(F)			
(G)			
(H)	15 000 D 17 1 DH 101 D		
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.	5 000 D 1 1 1 1 1 1	44 0 5 000 5 17 11 40
	Complete if the organization answered "Yes" to	· · · · · · · · · · · · · · · · · · ·	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
_(9)			
	b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	
	(a) Description		(b) Book value
_(1)			
(2)			
_(3)			
(4)			
_(5)			<del></del>
(6)		<del></del>	<del></del>
(7)		<del></del>	
(8)		<del></del>	<del></del>
(9)	ımn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
PartA	Complete if the organization answered "Yes" to	o Form 990 Part IV line	110 or 11f See Form 900 Part Y
	line 25.	or orm 990, Fartiv, line	erre or in. See ronn 990, rank,
1.	(a) Description of liability (b) Book	value	
	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.)		
	or uncertain tax positions. In Part XIII, provide the text of the	e footnote to the organization	's financial statements that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 74)		

Schedule D (Form 990) 2013 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . . 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a Donated services and use of facilities 2b 2c 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 . . . . . . . . . . . 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines 4a and 4b . . . . . . . . . . . . . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Prior year adjustments . . . . . . 2b 2c d Other (Describe in Part XIII.) . . . . . . . . 2d 2e 3 Subtract line 2e from line 1 . . . . . . . . 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) . . . . . . . . . . . . . . . . . 4b **c** Add lines **4a** and **4b** . . . . . . . . . . . . . 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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.

Schedule D (Fo	rm 990) 2013	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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·OLD COLORADO CITY ASSOCIATES LTD

84-0885334

#### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
OLD COLORADO CITY ASSOCIATES LTD	84-0885334
DARTA// CECTION D. LINE 44	
PART VI, SECTION B, LINE 11.	
A COPY OF THE FORM 990 WAS PROVIDED FOR REVIEW AT MONTHLY BOARD	
MEETING	
	······
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# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No.

Name(	s) shown on return		Busines	s or activity to w	hich this form re	lates	0 1	Identi	ifying number	<del></del>
OLD	COLORADO CIT	Y ASSOCIAT		M 4562				84-	-0885334	Ł
Par			tain Property Und							
	Note: If you	have any liste	d property, comple	ete Part V be	efore you co	mplete	e Part I.			
1	Maximum amount (s	see instructions	s)					1		
			placed in service (se					2		
3			erty before reduction					3		
4			ne 3 from line 2. If zer					4		
5		-	otract line 4 from lin				•			
	separately, see instr		· · · · · · ·					5		
6	(a) De	scription of propert	У	(b) Cost (busi	ness use only)		(c) Elected cost			į
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	· · · · ·		from line 29					Τ.		لـــــا
			roperty. Add amount					8_		
			aller of line 5 or line 8					9	<u> </u>	
10 11			from line 13 of your smaller of business inc					10		
			dd lines 9 and 10, bu		•	-	ŕ	12		
	•		to 2014. Add lines 9		_	13	<u> </u>	12		
			v for listed property.							
			wance and Other I			clude li	sted property.)	(See i	nstructions.)	
			or qualified property					1	l actionici,	
	during the tax year							14		
15	Property subject to	section 168(f)(	1) election					15		
	Other depreciation							16	1	
Par	t III MACRS Dep	reciation (D	o not include listed	d property.)	(See instruc	ctions.)				
				Section A						
			ced in service in tax y					17		338
18			ssets placed in serv							į
										!
	Section B	(b) Month and year	ed in Service Durin (c) Basis for depreciation	<del></del>	ear Using ti	ne Gene	erai Depreciatio	n Syst	.em	
(a)	Classification of property	placed in	(business/investment use	(d) Recovery period	(e) Conventi	on	(f) Method	(g) C	Depreciation dedu	uction
19a	2 year property	service	only—see instructions)	+					-	
b			<del></del>	<del> </del>		<del></del>		+	<del></del>	
	7-year property	<b> </b>		+		-		+		
	1 10-year property							+		
	15-year property									
	20-year property	i i			··· ·-					
	25-year property			25 yrs	<u> </u>		S/L			
	Residential rental		· · · · · · · · · · · · · · · · ·	275 yrs	ММ		S/L	1		
	property			275 yrs	ММ		S/L			
	Nonresidential real			39 yrs	MM		5/L			
	property				MM		5/L			
		-Assets Place	d in Service During	2013 Tax Ye	ar Using the	Altern		ion Sy	stem	
	Class life			1			S/L			
	12-year			12 yrs			5/L			
	40-year	Con imate at		40 yrs	MM		S/L			
	t IV Summary (							T = -	<del></del>	
	Listed property. En		n line 28 , lines 14 through 17		 120 in antum	 nn (a)		21	<del> </del>	
44			of your return. Partne					22		338
23			ed in service during					22	<del></del>	230
		-	section 263A costs	-		23				

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	4562 (2013)	Droporty (In	ماريط مريام				L .	. 1. 7 . 1								Page 2
Par	entert	<b>i Property</b> (In- ainment, recreat	ion or ami	MODIIE	es, cen ntl	tain ot	ner v	enicies	s, ce	ertain	con	nputers	s, and	prop	erty us	ed for
		For any vehicle for				standa	rd mile	eage rai	te or	dedi	ictina	lease d	ernens	e com	nlete <b>on</b>	h 2/12
	24b, c	olumns (a) through	(c) of Section	on A, a	ll of Sec	tion B,	and Se	ection C	of ap	oplica	able.	,0000	, Apono	0, 00///	picto on	, <u>, , , , , , , , , , , , , , , , , , </u>
	Section A	-Depreciation a	nd Other In	format	ion (Ca	ution:	See th	e ınstru	ction	ns for	lımıts	for pas	senaei	r auton	nobiles.)	
24a	Do you have ev	vidence to support the	business/inves	stment u	ise claime	d? [	] Yes [								☐ Yes	□ No
	(a)	(b) (c)	20/	٠,١	Bassa	(e)		(f)		(g			(h)		(i)	
	of property (list ehicles first)		ituse Costoro	<b>d)</b> ther bas		for depre ess/inves		Recove		Meth	iod/		reciation	E	ected sect	
		percent	<del></del>	<del></del>		use only		period			nuon	de	duction		cost	
25		reciation allowand														
-06		and used more th					e (see	Instruc	tions	<u> </u>	25					
_26	Property use	ed more than 50%		a busir	iess use	<u>):</u>										
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27	Property use	ed 50% or less in a		Isiness	rise.							l		L		
			%						S	/L -						1
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			%							/L -						ţ
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29	_Add amount	s ın column (ı), line						<u>.</u>				<u></u>		29		
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to vo	piete triis secti ur employees	ion for vehicles use first answer the qu	u by a sole pi estions in Se	oprieto ction C	r, parme to see if	vou me	er mo	re inan voentio	5% C	wner	," Or re	elated p	erson. I	t you p	rovidea v ebicles	enicies
		mot anower the qu				T :		T		T					T .	
30	Total business	s/investment miles o	inven durina		(a) nicle 1		<b>b)</b> icle 2		( <b>c)</b> ncle 3	.		d) cle 4		( <b>e)</b> iicle 5	Vehi	r) cle 6
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31		ing miles driven dur	•			<u> </u>		+		+					+	
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34		hicle available fo	•	Yes	No	Yes	No	Yes	N	lo	Yes	No	Yes	No	Yes	No
25	-	off-duty hours? .			<del>                                     </del>	<u> </u>	ļ		+					1		
35		icle used primarily ner or related pers														
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Ansv	ver these que	estions to determin													who ar	e not
		ners or related pe					•	•						,		
37	Do you maii	ntain a written pol													Yes	No
	your employ															
38		ntain a written po														
		See the instructi			-	•										
		t all use of vehicles								•						
40		vide more than fiv ehicles, and retain														
41		t the requirements													<u> </u>	
71	-	ir answer to 37, 38	_	•						•			•			
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			(b)									(e)				
		a) on of costs	Date amortiz		Amo	(c) rtızable a	mount			<b>d)</b> section	,	Amortiza period		Amortiz	(f) ation for th	ııs year

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiz period percen	ation d or	(f) Amortization for this year
42 Amortization of costs that	begins during your 201	3 tax year (see instructio	ns):			
CLOSING COSTS 1	05/01/14	4798	461	50		160
CLOSING COSTS 2	05/14/14	2781	461	50		93
43 Amortization of costs that	began before your 201:	3 tax year			43	
44 Total. Add amounts in co	olumn (f). See the instruc	ctions for where to report	:		44	253
QNA						Form <b>4562</b> (2013)

STATEMENT OF DEPRECIATION FOR: SCHEDULE: 0-1
ATTACH TO: 84-0885334 OLD COLORADO CITY ASSOCIATES LTD

`		Cost		OHOICAD				Lıfe		ADS	Next
Description	Date	or other		Bonus		Accum	Method	or	Deprec	Deprec	Year's
of Property	Acquired		Sec 179		Danie						
			Sec 179	Deprec	Basis	Deprec	Used	Rate	for 2013	for 2013	Deprec
EQUIPMENT	12/31/08			850	849	1510	MACRS	7.0	76	152	76
EQUIPMENT	02/21/11	1209	<u> </u>		1209	680	MACRS	7.0	151	151	108
SOFTWARE	05/06/12	1500		750	750	995	MACRS	3.0	111	222	56
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STATEMENT OF AMORTIZATION FOR: SCHEDULE: O-1
ATTACH TO: 84-0885334 OLD COLORADO CITY ASSOCIATES LTD

Description of Costs	Date Amortization Begins	Amortizable Amount	Accumulated	Code Section	Amortization Period	Amortization This Year	Amortization Next Year
CLOSING COSTS 1	05/01/14	4798	7.000111010100	461	5.0	160	960
CLOSING COSTS 2	05/01/14		ļ -				
LOSING COSTS 2	05/14/14	2781		461	5.0	93	550
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STATEMENT OF STATE DEPRECIATION FOR:
OLD COLORADO CITY ASSOCIATES LTD 84-0885334 SCHEDULE: O-1
\*\*\*TO BE USED ONLY IF STATE DOES NOT ALLOW SPECIAL DEPRECIATION\*\*\*\*

•		Cost						Lıfe		ADS	Next
Description	Date	or other		Bonus		Accum	Method	or	Deprec	Deprec	Year's
of Property	Acquired		Sec 179	Deprec	Basis	Deprec	Used	Rate	for 2013	for_2013	Deprec
EQUIPMENT	12/31/08	1699			1699		MACRS	7.0	152		152
EQUIPMENT	02/21/11	1209			1209		MACRS	7.0	151		108
SOFTWARE	05/06/12	1500			1500		MACRS	3.0	222		111
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STATEMENT OF STATE AMORTIZATION FOR:
OLD COLORADO CITY ASSOCIATES LTD 84-0885334 SCHEDULE: O-1
TO BE USED ONLY IF STATE DOES NOT ALLOW SPECIAL DEPRECIATION

Description of Costs	Date Amortization Begins	Amortizable Amount	Accumulated	Code Section	Amortization Period	Amortization This Year	Amortization Next Year
CLOSING COSTS 1	05/01/14	4798		461	5.0	160	960
CLOSING COSTS 2	05/14/14	2781		461	5.0	93	556
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