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21

.990-EZ

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

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

2014

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2014 calendar year, or tax year beginning September 1 2014, and ending August 31 20 B Check if applicable C Name of organization D Employer identification number Address change Colorado Wind Ensemble, Inc. 84-0893430 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 303-394-4552 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Denver, CO 80250-1374 Other (specify) ▶ G Accounting Method: H Check ► ✓ if the organization is not Website: ▶ http://www.coloradowindensemble.org required to attach Schedule B J Tax-exempt status (check only one) - 7 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF). 527 √ (insert no.)
☐ 4947(a)(1) or Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. 1 Contributions, gifts, grants, and similar amounts received 37.804 2 Program service revenue including government fees and contracts 2 13,613 3 3 0 4 4 49 5a Gross amount from sale of assets other than inventory 0 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . n Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a **b** Gross income from fundraising events (not including \$ 3391 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 3391 6c Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 3,329 7a Gross sales of inventory, less returns and allowances 0 Less: cost of goods sold 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7c 0 8 Other revenue (describe in Schedule O) 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 54,795 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits . 12 22,060 13 Professional fees and other payments to independent contractors . 13 2,475 14 14 8,363 15 Printing, publications, postage, and shipping 15 10,034 16 16 8,483 17 17 51,415 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,380 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 25,837 20 Other changes in net assets or fund balances (explain in Schedule O) 20

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat. No. 106421

Form **990-EZ** (2014)

21

29,217

Pa	rt II	Balance Sheets (see the instructions	for Part II)				
		Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
					(A) Beginning of year	<u> </u>	(B) End of year
22		h, savings, and investments			21,611		24,991
23		d and buildings		· · · · ·		23	
24		er assets (describe in Schedule O)			4,226		4,226
25		al assets			25,837		29,217
26		al liabilities (describe in Schedule O) assets or fund balances (line 27 of column	· · · · · · · · · · · · · · · · · · ·			26	
27 Par		Statement of Program Service Accom	· / •		25,837	27	29,217
r ai		Check if the organization used Schedule	•		,	1	Expenses
Wha	t is the	organization's primary exempt purpose?	Music Performance		Part III		quired for section
			•				(c)(3) and 501(c)(4)
as m	neasure ons be	e organization's program service accomplied by expenses. In a clear and concise mefited, and other relevant information for ea	nanner, describe the ach program title.	e services provide	d, the number of		anizations; optional for ars.)
28		olorado Wind Ensemble's concert season incli				}	
		ch concerts throughout the Denver metropolit				1	
		ers and collaborative performers. Expenses in				00.	
20	(Grant		includes foreign gra			288	45,943
29		plorado Wind Ensemble provided educational					
		y-side mentoring performance, coaching sess		instructional progra	ım, and a iree		
	(Grant	program, reaching approximately 365 students s \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign gra	nts check here	······	298	E 47'
30	<u> Qraine</u>	•				1230	5,472
-						1	
	(Grant	s \$) If this amount	includes foreign gra	ants, check here .	▶ □	30	<u>.</u>
31	<u> </u>	program services (describe in Schedule O)				+	
	(Grant		includes foreign gra	ants, check here .	▶ 🗆	318	3
32		program service expenses (add lines 28a	through 31a)		🕨	32	51,415
Par	t IV	List of Officers, Directors, Trustees, and Ke	y Employees (list eacl	h one even if not con	pensated—see the i	instru	
		Check if the organization used Schedule	O to respond to a	ny question in this	Part IV	,	
			(b) Average	(c) Reportable	(d) Health benefits,		
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MIS)	contributions to employ benefit plans, and) Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-	deferred compensation	ภา	·
Ellen	Christ	anson, President, Director					
			15	<u></u>	0	0	0
Jame	s Bunc	ly, Treasurer, Director	_				
			3		0	0	
Willia	ım Kyri	oglou, Vice President, Director					
			1.5		0	0	0
Katie	Collin	s, Secretary, Librarian, Director					
			3		0	0	0
lvy H	artfield	, Director					
			1		0	0	0
Maria	Jones	-Newman, Director					
			1		0	0	0
Jean	ne Son	nleitner, Director				1	
			1		0	0	0
Mich	ael Vigl	liotti, Director				- 1	
			1		0	0	0
Dr. D	avid Ki	sh, Conductor and Musical Director, ex officio					
Direc	tor		10	3,10	0	0	0
					1		
				<u> </u>		\bot	<u> </u>
					 	4.	
			{		\		
			<u> </u>	L	1.		

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Рап	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	\ \sqrt{\sqrt{\chi}}
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		-
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	ł		1
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1]	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	†		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			,
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	ļ		
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		~ ~~	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► Colorado			
42a		303-98		
	Located at ▶ 22 South Jackson St., Denver, CO ZIP + 4 ▶	80209		T
b	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	
44-	Did the association resistain and decompositional funds of the U.S. O. O. W. Co. P. France CO. S. O.		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an]]
	explanation in Schedule O	44d	 	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	✓
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Page	4
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Form 990	-EZ.(2014)
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								Yes	No
46`		ne organization engage, directly or in						-	
Dout	_	ndidates for public office? If "Yes," of Section 501(c)(3) organizations		, Part 1		· · · · ·	• 46	Щ.	
Part `		All section 501(c)(3) organizations 50 and 51.		stions 47-49b and	d 52, and o	complete th	e tables	for lin	es
		Check if the organization used Scl	nedule O to respond	to any question in	this Part V	<u>/I</u>			
	~							Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elect			tax . 47		✓
48		organization a school as described in							√
49a		ne organization make any transfers to	•				. 49a		✓
50		s," was the related organization a se plete this table for the organization's					. 49b		d key
30		byees) who each received more than							
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Hea contribution benefit plan	alth benefits, ons to employee ns, and deferred pensation	(e) Estimat	ed amo	unt of
None			, , , , , , , , , , , , , , , , , , , ,	7					
			· · · · · · · · · · · · · · · · · · ·				- -		
	Total	number of other employees paid ov	or \$100,000	> 0					
51	Comp	olete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independer		ors who each	n received	d more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c) Compensa	tion	
None									
						 			
									·····
	. 								
							-		
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶		0		
52	Did 1	the organization complete Scheduleted Schedule A	_		anizations	must attacl	h a . ⊳ V Y e	s []	No
		of penury, I declare that I have examined this documents of preparer of their than					nowledge ar	id belief	, it is
	$\overline{}$	Aprile (21) news	w			1-15-16			
Sign Here		Signature of officer James A. Bundy, Treasurer and Di	rector			Date	-		
		Type or print name and title							
Paid	orer	Print/Type preparer's name	Preparer's signature		Date	Checkself-emplo			
Prep Use		Firm's name ▶			Ţ	īm's EIN ▶			
		Firm's address >				Phone no			
May th	ne IHS	discuss this return with the prepare	r snown above? See	instructions	<u></u>	<u> </u>	► 🛄 Ye	<u>s </u>	No_

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

						Employer Identification	i ildilibei
	rado Wind Ensemble, Inc.	** ** ** ** **					93430
	Reason for Public Cha						ons.
	organization is not a private founda						
1 2	A church, convention of churc A school described in section			ibea in s e	ection 17	U(D)(1)(A)(I).	
3				n acatio	470/6\/4	1\/ 4 \/:::\	
4	A hospital or a cooperative hoA medical research organization						(iii) Enter the
7	hospital's name, city, and state		onjunction with a nosp	Jitai desc	iibea iii s	section 170(b)(1)(A)	(iii). Litter trie
5	☐ An organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
	section 170(b)(1)(A)(iv). (Com		ounego or amirolony	••••••	. opolati	ou by a government	ar arm accompce in
6	☐ A federal, state, or local gover	nment or govern	nmental unit described	in section	on 170(b)	(1)(A)(v).	
7	☐ An organization that normally						n the general public
	described in section 170(b)(1)						
8	☐ A community trust described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	☑ An organization that normally	receives: (1) mo	ore than 331/3% of its	support	from con	tributions, members	hip fees, and gross
	receipts from activities related	d to its exempt	functions-subject to	certain	exception	ns, and (2) no more	than 331/3% of its
	support from gross investme						x) from businesses
	acquired by the organization a		•		•	•	
10	An organization organized and						
11	An organization organized and						
	one or more publicly supported the box in lines 11a through 11						
_			-	_		-	_
а	Type I. A supporting organiz the supported organization(s						
	organization. You must con			ot a majo	arty Or tile	e directors or trustee	ss or the supporting
b		-		nection w	ith ite eu	nnorted organization	n(s) by having
_	control or management of th						
	organization(s). You must co						,
С	☐ Type III functionally integra	ated. A supporti	ng organization opera	ted in cor	nection	with, and functionall	y integrated with,
	its supported organization(s)	(see instruction	s). You must comple	te Part I\	, Section	ns A, D, and E.	
d	☐ Type III non-functionally in	tegrated . A sup	porting organization o	perated i	n connec	tion with its support	ted organization(s)
	that is not functionally integr						an attentiveness
	requirement (see instructions	-	=				
е							II, Type III
	functionally integrated, or Ty	•		_	_		[
f		-	onted organization(s)		• • •		· · []
g	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(y rams of supported organization	(1) 2.11	(described on lines 1-9	listed in you	ır governing	support (see	other support (see
		<u> </u>	above or IRC section (see instructions))	docu	nent?	instructions)	instructions)
			(555 1151 1555 15)	Yes	No		
(A)							
~··							
(B)							
(C)							Y
(D)							
				 			
(E)							
				 			
Tota	1	}	1	1	l	1	1

Part							
·	(Complete only if you checked th						alify under
Secti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests lis	stea below, p	lease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(6) 2011	(6) 2012	(4) 2013	(6) 2014	(I) TOTAL
·	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				<u> </u>		<u> </u>
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(a) 2012	(4) 2012	(-) 2014	(6 Total
7	Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organizatio	•	d, third, fourth	 n, or fifth tax y	12 ear as a section	on 501(c)(3)
	organization, check this box and stop her			<u> </u>	· · · · ·		· · · > 🗀
	on C. Computation of Public Suppor			4 (0)			0/
14 15 16a	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch 331/3% support test—2014. If the organization qual	nedule A, Part zation did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹		
b	331/3% support test—2013. If the organic check this box and stop here. The organic					9 15 is 33¹/3% 	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta	inces" test, ch	eck this box ar	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the eets the "fact	e "facts-and-ci	ircumstances" tances" test. T	test, check th	nis box and st	i, and line top here. a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13		a, or 17b, chec	k this box and	▶ □ see ▶ □

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.)

Secti	on A. Public Support					•	
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	07.000	00.040	05.050	22.242		404.040
2	Gross receipts from admissions, merchandise	27,899	39,340	25,856	33,349	37,804	164,248
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,885	16,717	19,839	22,574	13,613	89,628
3	Gross receipts from activities that are not an unrelated trade or business under section 513	E 412	2.041	4 540	2 440	2 220	10.600
4	Tax revenues levied for the	5,413	2,941	4,548	3,449	3,329	19,680
•	organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	o	0	0	0
6	Total. Add lines 1 through 5	50,197	58,998	50,243	59,372	54,746	273,556
	Amounts included on lines 1, 2, and 3	30,197	30,330	30,243	39,372	34,740	273,550
	received from disqualified persons .	0	0	0	0	0	
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000				:		
	or 1% of the amount on line 13 for the year						•
C	Add lines 7a and 7b	0	0	0	0	0	<u>v</u>
8	Public support (Subtract line 7c from	· · ·		U			
	line 6.)						273,556
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	50,197	58,998	50,243	59,372	54,746	273,556
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	44	54	39	21	49	207
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c	Add lines 10a and 10b	44	54	39	21	49	207
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					-	
12	Other income. Do not include gain or	0	0	0	. 0	0	0
12	loss from the sale of capital assets						
4-	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	50.241	59,052	50,282	59.393	54,795	273,763
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye		n 501(c)(3)
Cooti	organization, check this box and stop he						
	on C. Computation of Public Suppor			2 column (fl)		145	20.00.06
15 16	Public support percentage for 2014 (line a Public support percentage from 2013 Sci	• • •	<u>-</u>			15	99.92 %
	on D. Computation of Investment In			<u>· · · · · · · · · · · · · · · · · · · </u>		110	99.93 %
17	Investment income percentage for 2014 (v line 13. colur	ກກ (f))	17	0.08 %
18	Investment income percentage from 2013			-		18	0.07 %
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2013. If the organiz		_	-		_	
	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	check this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

<u> </u>	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	<u>'.) </u>	
Secti	on A. All Supporting Organizations		1	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4a	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	1	1	l

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			,
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	İ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ŀ.,		
	below, the governing body of a supported organization?	11a	<u> </u>	<u> </u>
	A family member of a person described in (a) above?	11b	 _	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	
Jec II	on B. Type I Supporting Organizations		V	N.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ļ
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ŀ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported	H		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Ì		Ì
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ļ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	Î Î		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	İ		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			_
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	Ì		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	_	-	
Coati	on E. Type III Functionally-Integrated Supporting Organizations	3	L	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	i		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		[
3	Parent of Supported Organizations. Answer (a) and (b) below.			Ī
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h	l '	l

1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E	.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	· · · · · · · · · · · · · · · · · · ·	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
 emergency temporary reduction (see instructions) 7		L tegrated Type III suppor	l ting organiz

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year								
Secti	ection D - Distributions							
1	Amounts paid to supported organizations to accomplish							
2	Amounts paid to perform activity that directly furthers exe	rted						
	organizations, in excess of income from activity	• • • • • • • • • • • • • • • • • • • •						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.			····				
8	Distributions to attentive supported organizations to whic	h the organization is res	nonsive					
•	(provide details in Part VI). See instructions.	in the organization is res	ponsive					
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	Elife o amount divided by Elife o amount	<u> </u>	(ii)	(iii)				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
а	1							
b	ı							
С								
d	-							
е	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount							
i	Carryover from 2009 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		7.7					
4	Distributions for 2014 from Section							
7	D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2014, if							
•	any. Subtract lines 3g and 4a from line 2 (if amount	[;				
	greater than zero, see instructions).							
6	Remaining underdistributions for 2014. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2015. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
a		<u> </u>						
b								
C								
d	Excess from 2013							
	Excess from 2014	<u> </u>						
е	LAUGOO 11U111 ZU14	<u> </u>		<u> </u>				

Schedule A (Form 990 or 990-EZ) 2014				
Part VI	Supplemental	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Also complete this part for any additional information. (See instructions.)		
Not applica	ble			
	***************************************	······································		
		······································		

SCHEDULE O (Farm 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

Colorado Wind Ensemble, Inc.

► 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

Name of the organization	Employer identification number
Colorado Wind Ensemble, Inc.	84-0893430
290EZ, Part I, Line 16. The other expenses reported included rental and purchase of perform	
and licenses	
990 EZ, Part II, Line 24, the other assets value of \$4,226 represents the value of the depreci	-A-d