Department of the Treasury Internal Revenue Service

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)

2017

Open to Public Inspection

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Ā	For the	2017 calenda	ar year, or tax year beginning September 1 , 2017, and ending	lugust	31 , 20 18
В	Check if ap	oplicable	C Name of organization D Em	ployer ic	dentification number
	Address c	hange		84-0893430	
님	Name cha	-	phone r	number	
H	Initial retur	30	03-981-2163		
Ħ	Amended		City or town, state or province, country, and ZIP or foreign postal code	oup Exe	emption
	Application		Denver, CO 80250-1374 \(\text{O}\) Ni	mber	>
G	Account	ling Method	✓ Cash Accrual Other (specify) ► H Check	▶ <a>☑	if the organization is not
1 '	Website	:: ► Color	<u> </u>		tach Schedule B
<u>J 1</u>	Tax-exen	npt status (che	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	990, 99	00-EZ, or 990-PF).
		organization			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		75,948
F	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instri		
			the organization used Schedule O to respond to any question in this Part I	7	<u> </u>
	1		ons, gifts, grants, and similar amounts received	1	41,916
	2	•	ervice revenue including government fees and contracts	2	20,044
	3		ip dues and assessments	3	0
	4	Investment		4	87
	5a		· · · · · · · · · · · · · · · · · · ·	<u>D</u>	
	b			미	
	6 6	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events	5c	0
n o	а		ome from gaming (attach Schedule G if greater than		
B EBIS Revenue				믜	
o	b		me.from fundraising events (not including \$ of contributions aising events reported on line 1) (attach Schedule G if the	ł	
			the arrange in a company and a contribution of a contribution of the contribution of t		
<u> </u>	. с		the expenses from gaming and fundraising events 6c 2,08	1	
7	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	4	
_	-	line 6c)	of (1000) from gaining and familiarianing overlie (and important and obtained business)	6d	2,081
	7a	•	s-of inventory, less returns-and-allowances	D .	- 2,001
2	b		of goods sold		
	C		tt or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
Š	8		nue (describe in Schedule O)	8	11,820
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75,948
	10		I similar amounts paid (list in Schedule O)	10	0
	11		aid to or for members	11-	- 0
ŝ	12	Salaries, o	ther compensation, and employee benefits	12	21,610
Expenses	13	Profession	al fees and other payments to independe to contractors	13	10,305
e De	14	Occupanc	y, rent, utilities, and maintenance	14	2,005
ű	15	Printing, po	ublications, postage, and shipping	15	10,859
	16	Other expe	16	31,155	
	17		enses (describe in Schedule O) OGDEN, UT	17	75,934
ħ.	18		(deficit) for the year (Subtract line 17 from line 9)	18	14
Sel	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		•	r figure reported on prior year's return)	19	32,936
Net Assets	20		iges in net assets or fund balances (explain in Schedule O)	20	0
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	32,950

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2017)



Pa	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>
			Ĺ	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			28,710		28,724
23	Land and buildings				23	0
24 25	Other assets (describe in Schedule O) Total assets			4,226 32,936		4,226
26	Total liabilities (describe in Schedule O)				26	32,950
27	Net assets or fund balances (line 27 of column	n (R) must agree wit	h line 21)	32,936		32,950
Par						32,990
	Check if the organization used Schedule	•		·		Expenses
Wha	is the organization's primary exempt purpose?	Music performance				quired for section (c)(3) and 501(c)(4)
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the ach program title.	e services provided	I, the number of	org	lanizations; optional for ers.)
28	The Colorado Wind Ensemble's concert season incl concerts throughout the Denver metropolitan area, p					
	Expenses included support for specific performance			e members.		
		t includes foreign gra		▶ □	28	a 40,811
29	The Colorado Wind Ensemble provided educational					40,011
	side-by-side mentoring performance, coaching sess					Ì
	ticket program, serving approximately 650 students.					
		includes foreign gra	ants, check here .	▶ □	29	a 3,748
30	The Colorado Wind Ensemble provided 4 free outrea	sch performances in r	non-traditional and o	ıtdoor venues,		
	reaching approximately 1,000 audience members an		***********************			
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	30:	a 2,914
31	Other program services (describe in Schedule O)					
		t includes foreign gra			31:	
	Total program service expenses (add lines 28a				32	70/000
Par	·				ıstru	ictions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this. (c) Reportable	(d) Health benefits.	.	· · · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employe	l'	Estimated amount of other compensation
Nick	Bidenger, President, Director					
		15	<u> </u>	<u> </u>	0	0
Broo	te Hengst, Vice President, Director	<u>-</u>	1		1	
		5	C)	<u> </u>	0
Jame	s Bundy, Treasurer, Director					
		10			<u> </u>	0
Mich	nel Vallez, Secretary, Director	_	1			_
	21.1.2	5	ļ <u>0</u>)	0	0
Ellen	Christianson		_			_
<u> </u>	AGAI Discour	2	ļ	<u>'</u>	<u> </u>	0
ivy n	artfield, Director	· ,			0	0
Emili	e Helms, Director	2		<u>' </u>	╬	<u>_</u>
FIIIII	rems, Director	2			0	0
Maria	Jones-Newman, Director	-		·	⇈	
1416116	Jones-Herritali, Director	. 2			٥	0
Cheri	se Leiter, Director	<u> </u>			+	<u></u>
		2)	o	0
Mich	nel McLean, Director	1			十	
		2	ļ c		0	0
Jean	ne Sonnleitner, Director				\top	
		2	1,500		0	0
Dr. D	wid Kish, Conductor and Musical Director, and				Τ	
ov cf	icio Director	``] 10	1 500	.l	- 1	

Page 3

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the avaculation engage in any configurat activity not proving by reported to the IDC2 if "Vec." provide a		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		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	55		-
	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		✓
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		ļ
C	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	05-		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		-
-	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		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	200		<u></u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0	38a		_
39	Section 501(c)(7) organizations. Enter:	i		:
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ • • • ; section 4912 ▶ • • • ; section 4955 ▶ • • • •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
-	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		1
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		
41	List the states with which a copy of this return is filed ▶ Colorado			
42a		303 98	1 2163	3
	Located at ► 22 South Jackson St, Denver, CO ZIP.+ 4 ►,	80209		
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)?	406	Yes	
	If "Yes," enter the name of the foreign country:	42b		√
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗌
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	NI-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
	completed instead of Form 990-EZ	44a		→
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			لَـِـــا
_	completed instead of Form 990-EZ	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
u	explanation in Schedule O	44d	—	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓-
	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		

,										
Form 990)-EZ (20	017)							F	age 4
									Yes	No
		ne organization engage, directly or in ndîdates for public office? If "Yes," c						46		
Part V		Section 501(c)(3) organizations		,			<u> </u>	140		
		All section 501(c)(3) organization:		estions 47-49b a	nd 52, an	d complete	the ta	ables fo	or lin	es
		50 and 51.								_
		Check if the organization used Sch	nedule O to respond	to any question	in this Par	<u>t VI </u>	•••			<u>. </u>
47	Did-tl	ne organization engage in lobbying	activities or have a	section 501(h) ele	ction in ef	fect during t	the tax	-	Yes	No
		If "Yes," complete Schedule C, Part				_		47		1
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii)? If "Yes," comple	ete Schedu	le E		48		V
		ne organization make any transfers to		-				49a		1
		s," was the related organization a se						49b		
		plete this table for the organization's pyees) who each received more than								
	<u> </u>		(b) Average	(c) Reportable	(d) I	lealth benefits,		-		
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MI	honofit .	utions to employ plans, and defer		Estimate ther com		
			devoted to position	(FOIMS VV-2/1099-WI	C) C	ompensation				
None										
				-						
				<u></u>						
			,							
		number of other employees paid over				. .				
		plete this table for the organization 000 of compensation from the orga				ctors who e	ach re	ceived	more	than:
		Name and business address of each independ	· ····································	- (b) Type of		<u> </u>	(a) Car	npensatio		
	(a)	Name and odsiness address oreach independ	enr-contractor-	(e) Type or	Service		(6) 601	препзан	лr 	
None				4						
				<u> </u>						
				-						
										
				1						
								 		
				1						
		number of other independent contra	_	•	. ▶					
		he organization complete Schedu lleted Schedule A	le A? Note: All se		_		_	✓ Yes		No
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than				nowledge.			belief,	it is
Sign		Signature of officer		·····		12-2 Date	<u>7-18</u>	,		
Here James A Bundy, Treasurer, Director										
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN		
Prepa	rer			····			nployed			
Use C		Firm's name ►				Firm's EIN ▶				

May the IRS discuss this return with the preparer shown above? See instructions . .

► ☐ Yes ☐ No

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	Name of the organization Employer identification number						number
	ado Wind Ensemble, Inc.					84-08	
Par							ns.
The c	organization is not a private founda		, -		-	_	
1	A church, convention of church						9
2	A school described in section						
3	A hospital or a cooperative hospital or a co						iii) Fatau tha
4	A medical research organization hospital's name, city, and state	e:	•				
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned or	operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organi or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ns). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11	☐ An organization organized and						
12	☐ An organization organized and						
	of one or more publicly support						
	Check the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •	. •	-	-	-
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a maj			
b	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ its supported organization(ally integrated with,
d	Type III non-functionally integrated is not functionally integrated requirement (see instructionally integrated in the contraction in the contract	grated. The orga	nization generally mus	st satisfy:	a distribu	ition requirement an	
е	☐ Check this box if the organ functionally integrated, or 1	ization received Type III non-func	a written determination	on from th	ie IRS tha organizati	at it is a Type I, Type	e II, Type III
f	Enter the number of supported of						
9	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the or listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							·
(C)							V
(D)							
(E)		,					· · · · · · · · · · · · · · · · · · ·
Tota	<u> </u>						

Part							
	(Complete only if you checked the						alify under
·	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(a) 2012	(h) 2014	(a) 201E	(4) 2016	(-) 2017	10 TA21
Calen	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) 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			ļ.			
4	Total. Add lines 1 through 3	**	<u> </u>			, -	
5	The portion of total contributions by]]			
	each person (other than a			Ì		1	
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount]	/	ď		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			/			
	on B. Total Support		l	<u>' </u>	1		<u> </u>
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest, dividends,		/			Ì	
	payments received on securities loans,		/		}		
	rents, royalties, and income from						
_	similar sources			1		<u> </u>	
9	Net income from unrelated business		/				
	activities, whether or not the business is regularly carried on						ļ
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)		Į				
11	Total support. Add lines 7 through 10	Í					
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	_
13	First five years. If the Eorm 990 is for the	ne organization	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	,					· · > 🗀
	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (life 6					14	<u>%</u>
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organi					15	obook this
104	box and stop here. The organization qua				10 1116 14 15 50	57376 OF ITIOTE,	► □
b	331/3% support test—2016. If the organi		• • •	-	Sa. and line 15	is 33½% or m	ore check
_	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test-20	017. If the org	anization did n	ot check a bo	x on line 13. 1	6a. or 16b. an	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						🕨 🔲
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
40	supported organization	 		16- 16- 17-			🟲 📋
18	Private foundation. If the organization di instructions	o not check a	box on line 13	, 16a, 16b, 1/a	a, or 1/b, cnec	k this box and	see
	mogravilona						· · • 🗀

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	33,349	37,804	34,319	41,450	41,916	188,838
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	22,574	13,613	19,029	22,353	20,044	97,613
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	3,449	3,329	3,207	3,072	2,081	15,138
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	10,551	13,865	11,820	36,196
6	Total. Add lines 1 through 5	59,372	54,746	67,066	80,740	75,861	337,785
7a	Amounts included on lines 1, 2, and 3	00,072	04,740	07,000	00,140	70,001	007,700
	received from disqualified persons .	o	o	o	o	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	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						337,785
	on B. Total Support	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	59,372	54,746	67,066	80,740	75,861	337,785
10a	Gross_income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	21	40	62	75	87	294
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	٥
c	Add lines 10a and 10b	21	49	62	75	87	294
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	-				-	
	loss from the sale of capital assets						
	(Explain in Part VI.)	o	0	o	0	0	0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	59,393	54,795	67,128	80,815	75,948	338,079
14	First five years. If the Form 990 is for the organization, check this box and stop her			d, third, fourth			n 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor	t Percentage	3				
15	Public support percentage for 2017 (line 8	3, column (f) div	vided by line 1	3; column (f))		15	99.91 %
16	Public support percentage from 2016 Sch	edule A, Part I	II, line 15 .			16	99.92 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (I					17	0.09 %
18	Investment income percentage from 2016					18	0.08 %
19a	331/3% support tests—2017. If the organi						
b	17 is not more than 33½%, check this box 33½% support tests—2016. If the organiz line 18 is not more than 33½%, check this box 33½%, check this box 33½%, check this box 33½%, check this box 33½%.	ation did not ch	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
90		-	-	· ·	•	• •	_
_20	Private foundation. If the organization di	o not check a t	oux on line 14,	19a, or 19b, c	neck this box	and see instruc	ctions 🕨 📙

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and D, and complete Sections A and D, and complete Sections A. D. and complete Sections A. D. and complete Sections A. D. and complete Sections A. and D. and C. and D. and D

	on A. All Supporting Organizations		Yes	No
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.			
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	1		
За	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
b	(b) and (c) below. 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	3a		
С	organization made the determination. 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.	3b	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	3c 4a		
b	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		
C	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.	46		
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		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	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			
b	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	_	

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11 '	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	 11a		
b	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		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	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,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			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 or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Şupporting Organizationş	!		L
<u> </u>	on brail Type in gupporting Graginizations		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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 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.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	netnu	ctions	
a	The organization satisfied the Activities Test. Complete line 2 below.			- //·
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ions).
	Activities Test. Answer (a) and (b) below.	ı	Yes	
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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		_	<u> </u>
	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.			
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? <i>Provide details in Part VI.</i>	 3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jä		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Section A - Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recovenes 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	10			
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		<u> </u>	
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			
7 Check here if the current year is the organization's first as a non-functionall instructions.	y int	egrated Type III supporti	ng organization (see	

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1'	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	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.	 	 	
	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whice	h tha annualus is no		·
8	(provide details in Part VI). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·	····	
10	Line 8 amount divided by line 9 amount			· · · · · · · · · · · · · · · · · · ·
		<i>(</i> 2)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017		· · · · · · · · · · · · · · · · · · ·	
a	From 2013			
	From 2014		 	
d	From 2015			
	From 2016			
-	Total of lines 3a through e			i
g	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2017 distributable amount		·	
<u>i</u>	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			1
	Section D, line 7:			
	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2017. Subtract lines 3h			
6	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015		·	
<u>d</u>	Excess from 2016		· · · · · · · · · · · · · · · · · · ·	
e	Excess from 2017	1		

Р	ao	e	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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	•

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.

20**17**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Colorado Wind Ensemble, Inc. 84-0893430 990 EZ, Part I, Line 8: In-kind residency fees and box office revenues through a partnership with Metropolitan State University of Denver. 990 EZ, Part I, Line 16: The other expenses reported include rental and purchases of performance music, transportation and storage of musical instruments, box office ticket fees, insurance, token gifts, supplies, legal fees, bank charges, parking charges for musicians during rehearsals, and licenses. This line also includes \$11,820 of in-kind expenses consisting of hall rent, fees otherwise payable to the conductor for his services, and music rental expenses through a partnership with Metropolitan State University of Denver. 90 EZ, Part II, Line 24: The other assets value of \$4,226 represents the value of the depreciated musical instruments owned by the Colorado Wind Ensemble, Inc. 990 EZ, Part III, Line 31: Other program services includes storage of musical instruments, insurance, supplies, legal fees, bank charges and other program expenses not specifically allocated to the three programs listed in lines, 28, 29 and 30. This line also includes \$11,820 of in-kind expenses consisting of hall rent, fees otherwise payable to the conductor for his services, and music rental expenses through a partnership with Metropolitan State University of Denver. The organization provides mentoring for students, and performance opportunities for MSUD faculty members, as well as community outreach to MSUD and general audiences.