Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  Do not enter social security numbers on this form as it may be made public.  A For the 2017 calendar year, or tax year beginning AUG 31, 2017 and ending JUL 31, 2018  C Name of organization  COLORADO SPRINGS PHILHARMONIC FOUNDATION  Name change  Number and street (or P.0. box if mail is not delivered to street address)  PO BOX 1266  City or town, state or province, country, and ZIP or foreign postal code  Amended COLORADO SPRINGS, CO 80901  Room/suite  G Gross receipts \$ 1,113	ection
A For the 2017 calendar year, or tax year beginning AUG 31, 2017 and ending JUL 31, 2018  B Check if applicable Colorado SPRINGS PHILHARMONIC FOUNDATION  Address change Name Colorado SPRINGS PHILHARMONIC FOUNDATION  Doing business as  Number and street (or P.O. box if mail is not delivered to street address)  Final return/ terminated  Amended Colorado SPRINGS COLORADO SPRINGS PHILHARMONIC FOUNDATION  B 2-5487882  E Telephone number  G Gross receipts \$ 1,113	ection
A For the 2017 calendar year, or tax year beginning AUG 31, 2017 and ending JUL 31, 2018  B Check if applicable change ch	
B Check if applicable  Address change COLORADO SPRINGS PHILHARMONIC FOUNDATION  Doing business as  Number and street (or P.0. box if mail is not delivered to street address)  Final return/ terminated and street (or P.0. box if mail is not delivered to street address)  Address COLORADO SPRINGS PHILHARMONIC FOUNDATION  82-5487882  Room/suite  F Telephone number  719-575-9632  City or town, state or province, country, and ZIP or foreign postal code  Amended  Amended  COLORADO SPRINGS PHILHARMONIC FOUNDATION  82-5487882  F Telephone number  719-575-9632  G Gross receipts \$ 1,113	r
Address change COLORADO SPRINGS PHILHARMONIC FOUNDATION  Name Change Colorador Color	
Colorado Springs Philharmonic Foundation	
Name change   Doing business as   82 − 5487882     X   Initial return   PO BOX 1266   Room/suite   PO BOX 1266     Amended Amended   Amended COLORADO SPRINGS CO. 80901	
PO BOX 1266   P.O. box if mail is not delivered to street address   Number and street (or P.O. box if mail is not delivered to street address	
City or town, state or province, country, and ZIP or foreign postal code  G Gross receipts \$ 1,113	
Amended COLORADO SERTINGS CO 80901	
	3,99
	s X
Application F Name and address of principal officer THAYER TUTT for subordinates? Yes PO BOX 1266, COLORADO SPRINGS, CO 80901, High Are all subordinates included? Yes	
I Tax-exempt status X 501(c)(3)	
J Website: WWW.CSPHILHARMONIC.ORG/FOUNDATION H(g) Group exemption number	,
K Form of organization: X Corporation	omicile:
Part I Summary	
1 Briefly describe the organization's mission or most significant activities: TO RAISE FUNDS AND ACQUIRE	
ASSETS, BOTH REAL AND PERSONAL, THAT WILL PROVIDE FINANCIAL  Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2017 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Tall Transport	
2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a) 3	
4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)  5	
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)  6 Total number of volunteers (estimate if necessars)  6	
7 a Total unrelated business revenue from Part VIII, column REPORT VED	-
b Net unrelated business taxable income from Form 990-1, line 34	
(S) Dries Vees Comment	Year
8 Contributions and grants (Part VIII, line 1h)	2,78
9 Program service revenue (Part VIII, line 2g)	
~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1,20
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2 00
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  1,113	3,95
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)	
45. Orleans other annual transfer (Part IV pat upp (A) large 5.10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  Cotton expenses (Part IX, column (A), line 11d, 11f (24c)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	
19 Revenue less expenses Subtract line 18 from line 12	<u>3,99</u>
Beginning of Current Year End of Y	
Beginning of Current Year End of Young State (Part X, line 16)  1,119 20 Total assets (Part X, line 16)  1,119 21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  1,119	9,77
21 Total liabilities (Part X, line 26)	0 75
Part II   Signature Block   1,119	9,//
Under penalties of perjury, I declare that I have examined this return, including accompanying schedulos and statements, and to the best of my knowledge and	l helief
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	, 50,101,
July our will	
Sign Signature of officer Date 2012019	
Here THAYER TUTT, PRESIDENT	
Type or print name and title	
Print/Type preparer's name Preparer's syprature Date Check PTIN	
Paid MITCHELL DOWNS, CPA 3.6.19 sett-employed P00831	
Preparer Firm's name OSBORNE, PARSONS ROSACKER, LLP Firm's EIN 84-0636	0098
Sise Only Firm's address 601 NORTH NEVADA AVENUE  COLORADO SPRINGS, CO 80903 Phone no.719.636.23	321
May the IRS discuss this return with the preparer shown above? (see instructions)	121
and the file diseased this retain with the property enemit above (see the test of the test	9 <b>90</b> (2)
Aprovi 11-20-11 Line I of Papel Work Reduction Act Notice, see the separate mondonoris.	(2
CEE COUEDITE O EOD ODCANTZAMTON MTCCTON CMAMEMENM CONMINITAMION	

Orm Pai	rt III   Statement of Program Service Accomplishments
. u	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO RAISE FUNDS AND ACQUIRE ASSETS, BOTH REAL AND PERSONAL, THAT WILL
	PROVIDE FINANCIAL ASSISTANCE TO THE COLORADO SPRINGS PHILHARMONIC
	ORCHESTRA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	, ,, ,
	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ including grants of \$) (Revenue \$)
	THE COLORADO SPRINGS PHILHARMONIC FOUNDATION IS A SEPARATELY
	INCORPORATED ORGANIZATION DEDICATED TO THE PERMANENCE OF THE COLORADO
	SPRINGS PHILHARMONIC. THIS ORCHESTRA DOES GREAT THINGS, AND THE
	FOUNDATION ENSURES THAT IT WILL HAVE EVERYTHING NEEDED TO SUCCEED.
	<del></del>
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code         ) (Expenses \$
	Other was a Charles of
4d	Other program services (Describe in Schedule O.)
4 -	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► Form 990 (2017)
	10111000 (2017)

Form 990 (2017) COLORADO SPRINGS PHILHARMONIC
Part IV Checklist of Required Schedules

			Yes	Νo
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		Х
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		X
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		<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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		X
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		X
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		i	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13_		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u> </u>
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	<u> 15</u>		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

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Yes No

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1 1		
	any tax-exempt bonds?	24c_		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			77
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_	-	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		х
	contributions? If "Yes," complete Schedule M	30		Λ
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		X
	If "Yes," complete Schedule N, Part I	31		Λ.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JE		
33	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			- <del></del> -
<b>У</b>	Part V, line 1	34	х	
35a	- · · · - · · · · · · · · · · · · · · ·	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2017)

Part V	Statements Regarding Other IRS Filings and	Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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 c Enter the amount of reserves on hand		Check if Schedule O contains a response or note to any line in this Part V												
16 Enter the number reported in Box 3 of Form 1996 Enter. P.f. not applicable b Enter the number of Form 1940 Cancidade in line 1.5 Enters. 0-f. not applicable b Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gararbiting) withings to prize winners? 2 Enter the number of employees exported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return if it at least one seported on line 2, did the organization file all required folderal employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Dd the organization have unrelated business gross is some of \$1,000 or more during the year? 3 A X 3 X 3 X 3 X 3 X 3 X 3 X 3 X 3 X 3				Yes	No									
Enter the number of Forms W.SS included in line 1a. Enter-0-if not applicable   1b.   0   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2   Enter the number of employees reported on Form W.S. Transmittat of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return   Did It at least one is reported on line 2a, odd the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file gee instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. If Yes, 1 and 1 fide 3 few 1 files of 1 files is the sum of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or a foreign country (such as a bank account, securities account, or other financial account)? 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 accounts (FBAR)  5b. Was the organization and a party to a prohibited tax shelter transaction at any time during the tax year?  5c. Was the organization a party to a prohibited tax shelter transaction?  5b. X. Y. Did any taxible party norify the organization title form 88861?  6c. Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charinable contributions?  6c. Did the organization return any experience deductible contributions under section 170(c).  7c. Did the organization experience apprend in excess of \$75 made party size contributions on apprendix for which it was required to the Form 8882?  8c. Did the organization experience apprend in excess of \$75 made party size contributions on a personal ben	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable												
Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) womings to prize wereners?  28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the catendar year ending with or within the year covered by this return.  18 If all least one is reported on line 22, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  29 If Yes, "has it filed a Form 990-Tror this year" if Yeo," to line 3b, proude an explanation in Schedule O.  30 If the organization have unrelated business gross income of \$1,000 or more dumps the year?  31 If Yes, "has it filed a Form 990-Tror this year" if Yeo," to line 3b, proude an explanation in Schedule O.  32 If Yes, "has it filed a Form 990-Tror this year" if Yeo," to line 3b, proude an explanation in Schedule O.  34 At any time dumps the calendar year, did the organization have a minuted from the foreign country (such as a bank account, securities account, or other financial accountry or a financial account in organization and the foreign country.  35 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  36 Was the organization appropriate that a file organization that organization shelt in the														
(gambling) winnings to prize winners?  2														
22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3	·		1c											
filed for the calendary year ending with or within the year covered by this return    1	2a													
If all 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 ref. (see mistructions)   3a   Did the organization have unrelated business gross income of \$1,000 or more during the claim of 2a is greater than 2a is g														
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3	b		2b_	Ť										
38 Dut the organization have unreliated business gross income of \$1,000 or more during the year?  49 If "Yes," has it filed a Form 990 Fro this year? "1 %0," for the 25, provide an explanation in Schedule O  40 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?  50 Was the organization of the foreign country (such as a bank account, securities account, or other financial account?  50 Was the organization file foreign country (such as a bank account, or other financial accounts?  50 Was the organization file foreign Country (such as a bank account, or other financial accounts?  51 Was the organization file foreign Country (such as a bank account, or other financial accounts?  52 Was the organization file foreign Country (such as a bank account, or other financial accounts?  52 Was the organization file foreign Country (such as a bank account, or other financial accounts?  53 Was the organization file foreign Country (such as a bank account, or other financial accounts?  54 Was the organization file form 8886.17?  55 Was the organization file form 8886.17?  56 Does the organization hide organization file form 8886.17?  56 Can be stree organization file form 8891 as a party to a prohibited tax shelter transaction?  56 Can be street, and the organization file form 8892 file divide on the payor?  56 Can be such as a party to a prohibited and party for goods and services provided?  57 Organizations that may receive deductible contributions under section 170(c).  58 Utility (such as a party file organization file form 8892?  59 Life form 8892?  50 Life organization file form 8892?  50 Life organization file form 8892?  51 Life form 8892.  51 Life form 8892.  52 Life form 8892.  53 Life form 8892.  54 Life form 8892.  55 Life form 8892.  56 Life form 8892.  57 Life form 8892.  58 Life form 8892.  59 Sponsoring organization maintaining doo					_ :									
b if "Yes," has it field a Form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O 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 accounts (FBAF)  5a Was the organization a party to a prohibited tax sheler transaction at any time during the tax year?  5b Uct any taxable party notify the organization that it was or is a party to a prohibited tax sheler transaction?  5c United that the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c United the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c United the organization receive annual manual property of the organization solicit any contributions that were not tax deductible?  6c United the organization receive deductible contributions under section 170(c).  6d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c United the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  7c If Wes," indicate the number of Forms 8282 filed during the year.  7d If the organization received a contribution of cars, boats, amplians, or other velocies, did the organization the Position of qualified intellectual property, did the organization the Form 8299 as required?  7d If the organization received a contribution of cars, boats, amplians, or other velocies, did the organization the Position of Cars, boats, amplians, or other velocies, did the organization the Position of Cars, boats, amplians, or other velocies, did the organization than a distribution to a donor, donor advised fund maintained by the sponsoring organization in services	За		3a		X									
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  Enter the amount of reserves on hand  13b														
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	-		140		Y									
	b	ir res, has it filed a Form 720 to report these payments 7 ir 100, " provide an explanation in Schedule O		990	(2017)									

Form 990 (2017) COLORADO SPRINGS PHILHARMONIC FOUNDATION 82-5487882 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions		•										
	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$									
Sec	tion 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 1a 7												
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 7												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ì											
	officer, director, trustee, or key employee?												
3	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	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?												
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?												
6	many and the second of the sec												
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or												
	more members of the governing body?												
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or												
	persons other than the governing body?	7b	X										
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										
þ	Each committee with authority to act on behalf of the governing body?	8b	X										
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_									
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)												
			Yes	No									
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_									
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,												
and branches to ensure their operations are consistent with the organization's exempt purposes?													
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X										
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			!									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a_	X										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	X										
40	In Schedule O how this was done	12c	X										
13	Did the organization have a written whistleblower policy?	13	X										
14	Did the organization have a written document retention and destruction policy?	14											
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
_	The state of the s	15a		$\mathbf{x}$									
	Other officers or key employees of the organization	15b		X									
Ü	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100											
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a												
104	taxable entity during the year?	16a		$\overline{\mathbf{x}}$									
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		:	ì									
	exempt status with respect to such arrangements?	16b											
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ► NONE												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le										
-	for public inspection. Indicate how you made these available. Check all that apply												
	Own website X Another's website X Upon request Other (explain in Schedule O)												
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial										
	statements available to the public during the tax year												
20	State the name, address, and telephone number of the person who possesses the organization's books and records												
	THE ORGANIZATION - 719-575-9632												
	PO BOX 1266 COLORADO SPRINGS CO 80901												

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COLORADO SPRINGS PHILHARMONIC FOUNDATION 8

82-5487882

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Pos (do not check				one	Reportable	Reportable	Estimated
	hours per	box.	unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
Name and Title  1) R. THAYER TUTT, JR.  RESIDENT 2) SUSAN EDMONDSON ECRETARY 3) BRUCE KOPPER REASURER 4) MARY OSBORNE IRECTOR 5) BOB ALLEN STREET IRECTOR 6) RON BRASCH IRECTOR 7) HERMAN TIEMENS IRECTOR 8) WILLIAM H. COSPER IRECTOR 9) NATHAN NEWBROUGH	week	$\vdash$	JG1 431			1	, ico,	from the	from related	other compensation
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC)	from the
	related	5 8	stee			nsate		(W-2/1099-MISC)	(11 27 1000 1100)	organization
	organizations	Individual trustee or director	institutional trustee		e S	Highest compensated employee		(		and related
	below	ndual	tutton	ıa	Кеу етріоуее	est co	   <u> </u>			organizations
	line)	힐	lesti	Officer	Ke	돌	Former			
(1) R. THAYER TUTT, JR.	1.00									_
PRESIDENT		X		X				0.	0.	0 .
(2) SUSAN EDMONDSON	1.00						Ì			_
SECRETARY		X		Х				0.	0.	0 ,
(3) BRUCE KOPPER	1.00							_	_	
TREASURER		X		X				0.	0.	0.
(4) MARY OSBORNE	1.00								_	
DIRECTOR		X			<u> </u>			0.	0.	0.
(5) BOB ALLEN STREET	1.00									
DIRECTOR		X						0.	0.	0.
(6) RON BRASCH	1.00									•
DIRECTOR		X	<u> </u>					0.	0.	0 .
(7) HERMAN TIEMENS	1.00									
DIRECTOR		X	-				_		0.	0.
(8) WILLIAM H. COSPER	1.00									•
DIRECTOR	3.00			X			ļ	0.	0.	0.
(9) NATHAN NEWBROUGH	1.00								455 640	10 005
DIRECTOR	45.00			X		-		0.	155,642.	10,997
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Form 990 (2									IC FOUNDATIO		<u>487</u>	882	Pa	age <b>8</b>
Part VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) (B)					C)			(D)	(E)			(F)	
•	Name and title	Average	(do		Pos heck			one	Reportable	Reportable	.	Es	timate	ed
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	- 1	am	ount	of
		week	<u> </u>	cerar	nd a d	irecto	or/trus	itee)	from	from related			other	
		(list any hours for	recto						the	organization			oensa	
		related	9.0	93			sated		organization	(W-2/1099-MIS	3C)		om the	
		organizations	nste	trust		   8	i beu		(W-2/1099-MISC)			_	anızatı İ relatı	
		below	lag t	tona		pg d	ye st	<u></u>			1		nızatı	
		line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.5		
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1b Sub-to									0.	155,6			J , 9	
	from continuation sheets to Part VI	I, Section A							0.	155 6	0.	- 1	2 0	<u>0</u> .
	add lines 1b and 1c)	<del></del>						<u> </u>	0.	155,6			),9	9/
	number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	le			,
compe	ensation from the organization	-											V	<u> </u>
											Г		Yes	No
	e organization list any <b>former</b> officer,			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				<del></del>
	? If "Yes," complete Schedule J for s											3		<u>X</u>
	y individual listed on line 1a, is the su									the organization				
	lated organizations greater than \$150			-							-	4	X	
	y person listed on line 1a receive or a	•						elat	ed organization or indiv	idual for services				
•	ed to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or s	uch	pers	on					5		X
	Independent Contractors													
•	ete this table for your five highest co	•	-								npensa	ation fi	om	
the org	ganization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthır	the organization's tax	year.				
	(A)								(B)		_	(C		_
	Name and business	address	N	INC	₹			-	Description of s	services		omper	isatio	n 
								_						
								_						
								_						
					_			_						
								-						
														_
2 Total r	number of independent contractors (i	ncluding but n	ot III	mıte	d to			sted	I above) who received n	nore than	-	,		
<b>Q100 (</b>	100 of compensation from the organi	zation 🕨				(	ገ .							

Form 990 (2017) COLORADO SPRINGS PHILHARMONIC FOUNDATION 82-5487882 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax under Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 1,112,785. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,206. 1,206. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_\_ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

0.

d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must c	omplete column (A)	
	' Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				···
	Legal		<u> </u>		
	Accounting				
	Lobbying		-		<del></del>
_	Professional fundraising services See Part IV, line 17		<u> </u>		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
10	Advertising and promotion				
12 13	Office expenses				
14	Information technology				<u>.                              </u>
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а			<u> </u>		
b					
С					·
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
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)				

		Check if Schedule O contains a response or not	e to any line in this Part X			
	`			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	_		1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ited employees Complete			
		Part II of Schedule L	. ,		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			-
į		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			1
		employers and sponsoring organizations of sect		_	 	
Si		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net		7		
As	8	Inventories for sale or use	,	8		
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			١
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11	1,119,777.	
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	0.	16	1,119,777.	
	17	Accounts payable and accrued expenses	-		17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Ş	22	Loans and other payables to current and former	officers, directors, trustees,			1
Liabilities		key employees, highest compensated employee	s, and disqualified persons			
abi		Complete Part II of Schedule L			22	
ן ב	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	), check here ▶       and			
è		complete lines 27 through 29, and lines 33 an			}	
auc	27	Unrestricted net assets		27		
Bal	28	Temporarily restricted net assets		28		
Fund Balances	29	Permanently restricted net assets		29		
Ī		Organizations that do not follow SFAS 117 (A			{	
Net Assets or		and complete lines 30 through 34.				
šet	30	Capital stock or trust principal, or current funds		0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or eq		0.	31	0.
Ę	32	Retained earnings, endowment, accumulated in	come, or other funds	0.	32	1,119,777.
~	33	Total net assets or fund balances		0.	33	1,119,777.
	34	Total liabilities and net assets/fund balances	0.	34	<u> 1,119,777.</u>	

-orn	1990 (2017)COLORADO_SPRINGS_PHILHARMONIC_FOUNDATION	82-5	48/884	_ Pa	ige IZ
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,11	3,9	<u>91.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.
3	Revenue less expenses Subtract line 2 from line 1	3	1,11	<u>3,9</u>	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			0.	
5	Net unrealized gains (losses) on investments	5		<u>5,7</u>	86.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	1,11	9,7	<u>77.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\perp \!\!\!\! \perp$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		_   '	£ .	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	•		
	separate basis, consolidated basis, or both		•	.	1
	Separate basis Consolidated basis Both consolidated and separate basis		<u></u> -		لحسا
b	Were the organization's financial statements audited by an independent accountant?		_2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		_	}
	consolidated basis, or both			,	
	Separate basis Consolidated basis Both consolidated and separate basis			,	1 :
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			ائــــا،
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<del>                                     </del>
	if the organization changed either its oversight process or selection process during the tax year, explain in Sch		-		· :
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	<u> </u>		لنـــا
	Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		$oxed{oxed}$

Form **990** (2017)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete of 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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	COLORADO SPRINGS PHILHARMONIC FOUNDATION 82-5487882										
Parl	t I	Reason for Public	Charity	Status (	All organizations must co	omplete th	is part ) Se	ee instructions			
he or	ganı	zation is not a private found	lation bed	ause it is (	For lines 1 through 12, o	heck only	one box)				
1 [	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	亏							· //·		' /	
3	=	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
	=	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
4 L			ation ope	rateu in co	njunction with a nospital	describe	ııı sectio	III 170(D)( 1)(A)(III	ı, Lintei	the nospital s name,	
	_	city, and state		<u> </u>							
5 L		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_	_	section 170(b)(1)(A)(iv). (Complete Part II )									
6 F	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 L		An organization that norma	lly receive	es a substa	ntial part of its support f	rom a gov	ernmental	unit or from the	general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete F	Part II)							
8 [		A community trust describe	ed in sect	ion 170(b)	(1)(A)(vi). (Complete Par	t II )					
9 [		An agricultural research org	anization	described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a lar	nd-grant	college	
		or university or a non-land-									
		university	,	5	,			•	•		
10 E	$\neg$	An organization that norma	Ily receive	es (1) more	than 33 1/3% of its sur	nort from	contributi	ons membershir	fees a	and gross receipts from	
		activities related to its exen	-								
		income and unrelated busin			(less section 511 tax) in	om busine	sses acqu	lired by the organ	nization	after June 30, 1975	
_	_	See section 509(a)(2). (Cor	-	· ·							
l1	ᆗ	An organization organized a	•		•	•				_	
i2 L	X.	An organization organized a									
		more publicly supported or	ganızatıoı	ns describe	ed in section 509(a)(1) o	r section	509(a)(2)	See section 509	)(a)(3). <sup>(</sup>	Check the box in	
		lines 12a through 12d that	describes	the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 1	2g		
а	X	Type I. A supporting orga	anization (	operated, s	upervised, or controlled	by its sup	ported org	ganızatıon(s), typ	ically by	/ giving	
		the supported organization	on(s) the p	oower to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees	of the s	supporting	
		organization You must o	omplete	Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization	supervised	or controlled in connec	tion with it	ts support	ed organization(s	s), by ha	iving	
		control or management o		•				= '		_	
		organization(s) You mus						J	•	•	
_		Type III functionally inte	•	-		in connec	tion with a	and functionally i	integrati	ed with	
·		its supported organization							mograc	oa man,	
_		•			•				d organi	ization(s)	
d		Type III non-functionally									
		that is not functionally int	_	-	= -	-			n attent	iveness	
	_	requirement (see instruct	•		•						
е		Check this box if the orga						a Type I, Type II,	Type III		
		functionally integrated, or	r Type III i	non-functio	nally integrated support	ing organi	zation				
f	Ente	r the number of supported o	organizati	ons						1	
g		ide the following information				L find to the eres	nivote n lieted		<del></del>		
	(1	) Name of supported	(11)	EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	ing document?	(v) Amount of mo		(vi) Amount of other	
		organization			above (see instructions))	Yes	No	support (see instr	uctions)	support (see instructions)	
OL	OR	ADO SPRINGS									
HI	LH	ARMONIC ORCHES	74-30	91110	7	Х			0.		
		<del>-</del>									
			<del> </del>				-	-		<del></del>	
					_					<del></del>	

0.4	- d. l. A (5 000 - 000 F7) 0017	OT OD A DO C	מסדאורים מני	ITI UXDMONT		TOKIO2 - E 4 0	7002 Dags 0		
	edule A (Form 990 or 990 EZ) 2017 Cart II Support Schedule for	Organizations	Described in	Sections 170	VbV1VAViv) an	1 1/70/b)(1)(A)(	/ 6 6 Z Page 2		
Г									
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
<u></u>									
	ction A. Public Support	\ <del>\</del>			1 1 2212	4 ) 2047	10 T I		
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016/	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and	\ \							
	membership fees received (Do not	\							
	include any "unusual grants ")				<b> </b>				
2	Tax revenues levied for the organ-	\							
	ization's benefit and either paid to	\			/				
	or expended on its behalf				/				
3	The value of services or facilities	\			ľ				
	furnished by a governmental unit to	\							
	the organization without charge		<b>\</b>						
4	Total. Add lines 1 through 3		\						
5	The portion of total contributions		\				ļ		
	by each person (other than a		. \						
	governmental unit or publicly		\						
	supported organization) included		\	/					
	on line 1 that exceeds 2% of the		\						
	amount shown on line 11,		\						
	column (f)		\ .	1					
6	Public support. Subtract line 5 from line 4		\/						
	ction B. Total Support		Λ						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4			\		_			
8	Gross income from interest,		/	\					
	dividends, payments received on		/	\					
	securities loans, rents, royalties,		/						
	and income from similar sources		/						
9	Net income from unrelated business			\					
	activities, whether or not the		/	\					
	business is regularly carried on		/						
10	Other income Do not include gain	/		\					
	or loss from the sale of capital	/ /		\					
	assets (Explain in Part VI)	/		\					
11	Total support. Add lines 7 through 10	/		/					
12	Gross receipts from related activities,	etc (see instruction	ons)	,	/	12			
13	First five years. If the Form 990 is for			rd, fourth, or fifth t	axyear as a section	n 501(c)(3)			
	organization, check this box and stor	here					▶□		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2017 (I	ıne 6, çolumn (f) dı	vided by line 11,	column (f))	1	14	%		
15	Public support percentage from 2016	Schedule A, Part	II, line 14		\	15	%		
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and		
	stop here. The organization qualifies	as/a publicly supp	orted organizatioi	า	\		ightharpoons		
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 <b>\</b> 1/3%	or more, check th	nis box		
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation	\		▶□		
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on lin	e 13, 16a, or 16b	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	t VI how the organ	nization		
	meets the "facts-and-circumstanges"	test The organiza	tion qualifies as a	publicly supporte	d organization	\			
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a and line 15 is	10% or		
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	<u> </u>		
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	icly supported orga	anızati <b>o</b> n	▶ <u>□</u>		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>sa, 16b, 17a, or 17</u>	b, check this box a	ınd see nstruction	s 🕨		
	/				Sche	edule A (Form 990	or 990-EZ) 2017		
	/					\			
	/					\			

	edule A (Form 990 or 990-EZ) 2017 Crt III   Support Schedule for C	OLORADO S	PRINGS PH Described in	ILHARMONI Section 509(a	C FOUNDAT	TION82-548	78/82 Page 3		
	(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)								
Sec	Section A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Gifts, grants, contributions, and	(2)2010	(6) 2011	(0/20.0	(4) = 0 : 0				
•	membership fees received (Do not	\							
	include any "unusual grants ")	\							
2	Gross receipts from admissions,	\ \ \				/			
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that	,	<b>\</b>						
	are not an unrelated trade or bus-					İ			
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities		\						
Ŭ	furnished by a governmental unit to								
	the organization without charge		\						
6	Total. Add lines 1 through 5			/					
	Amounts included on lines 1, 2, and	_	\ \ \	/					
/ a	3 received from disqualified persons		`	V					
h	Amounts included on tines 2 and 3 received								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6)		./						
Sec	tion B. Total Support		/	\					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015\	(d) 2016	(e) 2017	(f) Total		
9	Amounts from line 6			\_					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			\					
b	Unrelated business taxable income	/	}						
	(less section 511 taxes) from businesses	/							
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
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 loss from the sale of capital assets (Explain in Part VI)	/	-						
13	Total support. (Add lines 9, 10c, 11, and 12)					1			
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501 (c)(3) organiz	ation,		
	check this box and stop here								
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			\			
15	Public support percentage for 2017 (	line 8, column (f) d	livided by line 13, o	column (f))		15	%		
	Public support percentage from 2016					16	9/		
	tion D. Computation of Inve								
				ne 13. column (f))		17	%		
18									
	33 1/3% support tests - 2017. If the			on line 14, and line	e 15 is more than		1		
ısa	more than 33 1/3%, check this box a								
b	33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, check this box a	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and		
20	Private foundation. If the organization						7		
20	TITALE ISSUIRAGE TO THE TITE OF GUITE CALL	sig not oncon a	227 37 10	<u>, 3, 0</u>					

# Schedule A (Form 990 or 990-EZ) 2017 COLORADO SPRINGS PHILHARMONIC FOUNDATION82-5487882 Page 4

## 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, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

### Section A. All Supporting Organizations

- 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 organization was described in section 509(a)(1) or (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
- **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
- c 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
- 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
- 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
- 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.
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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.
- 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
  - **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)

		Yes	No
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	edule A (Form 990 of 990-EZ) 2017 COLORADO SPRINGS PHILHARMONIC FOUNDATIONOZ - 3	±0/00	Z P	age :
Ра	rt IV . Supporting Organizations (continued)		Τ.	_
	All of the second of the first of the second of the fellower and the fellower and the second of the		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)	440		ŕ
	below, the governing body of a supported organization?	11a	<del>                                     </del>	X
	A family member of a person described in (a) above?	11b	<del>                                     </del>	X
	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	^
Sec	tion B. Type i Supporting Organizations		Yes	No
_	Did the discrete at the state of a mark by the second of t		165	INO
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		x	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<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 carned out the purposes of the supported organization(s) that operated,			·
<u></u>	supervised, or controlled the supporting organization		<u> </u>	X
Sec	ction 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	٠ .	-	
<u></u>	the supported organization(s)	1_1_	I	]
Sec	ction D. All Type III Supporting Organizations	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
_	District the second of the sec		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	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		
Sec	tion 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 yea(see instructions	s).		
a	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	_4	_1	
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	struction	I	
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			
	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	<del>                                     </del>	
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? Provide details in Part VI.	3a	-	
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	3b	1	l

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			<u>Z-546/66Z Page 6</u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	•	• •	,
Sect	on 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		
Sect	ion B - Minımum 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).			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c_		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	<u> </u>	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functional	lly integrate	ed Type III supporting orga	anızatıon (see

instructions)

Schedule A (Form 990 or 990-EZ) 2017 COLORADO SPRINGS PHILHARMONIC FOUNDATION82-5487882 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 9 Line 8 amount divided by line 9 amount (i) (u) (m) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 3 a i **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D. a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c 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 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

	(Form 990 or 990 EZ) 2017 COLORADO SPRINGS PHILHARMONIC FOUNDATION82-5487882 Page
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 D**

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COLORADO SPRINGS PHILHARMONIC FOUNDATION

**Employer identification number** 82-5487882

organization answered "Yes" on Form 990, Part IV, line 6  1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grains from (during year) 4 Aggregate value of grains from (during year) 5 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?  © Did the organization inform all graintess, donors, and donor advisors in writing that grain funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or or any other purpose conferring impermisable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7  1 Purpose(s) of conservation assements held by the organization (sheek all that apoly)  Preservation of land for public use (e.g., recreation or education)  Preservation of a benefit and the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the organization held a qualified conservation contribution in the form of a conservation easement of the properties o	Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
Total number at end of year  Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor of odnor advisors or writing that grant funds can be used only for chantable purposes and not for the benefit of the donor of odnor advisor, or for any other purpose conferring impermissible private benefit?  Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7  Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of fand for public use (e.g., recreation or education) Preservation of a historically important land area 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  Total number of conservation easements  2a Total number of conservation easements  3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easements is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  P S  Does each conservation easements during the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  P S  Does the organization in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year				
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5 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?  6 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" on Form 990, Part IV, line 7  1   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 a historically important land area   Protection of natural habitat   Protection of natural habitat   Preservation of open space   2 Complete lines 2 at through 2 dif 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   2	4			
are the organization's property, subject to the organization's exclusive legal control?    Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?   Part   I   Conservation Easements. Complete if the organization answered "Yes" on 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 a historically important land area   Pretection of natural habitat   Preservation of open space	5		writing that the assets held in donor advi	sed funds
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring mpmmssible private benefit?    Part II   Conservation   Easements   Complete if the organization answered "Yes" on 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 a historically important land area   Protection of natural habitat   Preservation of open space   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   Add of the tax year   Held at the End of the Tax Year   Add of the tax year   Held at the End of the Tax Year   Add of the tax year   Add of the				<u> </u>
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring mpmmssible private benefit?    Part II   Conservation   Easements   Complete if the organization answered "Yes" on 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 a historically important land area   Protection of natural habitat   Preservation of open space   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   Add of the tax year   Held at the End of the Tax Year   Add of the tax year   Held at the End of the Tax Year   Add of the tax year   Add of the	6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be	e used only
Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7				
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area 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  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  Number of states where property subject to conservation easement is located P  Number of states where property subject to conservation easement is located P  Number of states where property subject to conservation easement is located P  Number of states where property subject to conservation easement is located P  Number of states where property subject to conservation easement is located P  Number of states where property subject to conservation easement is located P  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  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  Complete if the organization answered Yes* on Fo				
Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  Protection of natural habitat  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  Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to the conservation easements of will structure included in fact the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶  No staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  No es each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  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 financia	Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
Preservation of open space  2 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  3 Total number of conservation easements  4 Number of conservation easements on a certified historic structure included in (a)  4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  5 Does seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(li) and section 170(h)(4)(B)(li)?  9 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 incination's financial statements that describes the organization's accounting for conservation easements  Complete if the organization answered "Yes" on Form 990, Part IV, line 8  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these tems  b If the organization elected, as permitted under SFAS 116 (ASC 958), to		Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
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day of the tax year  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  9 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  Complete if the organization answered "Yes" on Form 990, Part IV, line 8  1a If the organization shalinal answered "Yes" on Form 990, Part IV, line 8  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  b If the organization elected, as permitted under SFAS		Preservation of open space		
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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	та	- · · · · · · · · · · · · · · · · · · ·		
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				ance of public service, provide, in Part XIII,
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				at and halance about works of ort. historical
relating to these items	b	=		
•			ducation, or research in furtherance of pt	bolic service, provide the following amounts
(i) Revenue included on Form 990, Part VIII, line 1		<u> </u>		▶ ↑
White Act and display Force 000 Posts V		••		<b>_</b>
(ii) Assets included in Form 990, Part X	_		and the same and t	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	2	•		ar gain, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items			To (MOC 900) relating to triese items	<b>*</b>
Developed and Form 200. Dort VIII. Inc. 1	a	Revenue included on Form 990, Part VIII, line 1		*
a. Povenije included on Form 990. Part VIII. line 1	a	Assets included in Form 990, Part X		<b>-</b>

		O SPRINGS						<u>82-54</u>			<u>ge 2</u>
Pai	t III . Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	is, checi	any of the	following that are	a sign	ıfıcant	use of its	collection	items	
	(check all that apply).										
а	Public exhibition	d		Loan or exc	hange programs						
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or other sir	nılar as	sets	_	_		
	to be sold to raise funds rather than to be ma					_			Yes		<u>No</u>
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes	" on Fo	rm 990	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa							_			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other assets	not inc	cluded	_	_		
	on Form 990, Part X?							L_	Yes	Ш	No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able							
									Amount		
C	Beginning balance						1c				
d	Additions during the year						1d_				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
	Did the organization include an amount on F		•			•	?	<u> </u>	Yes	$\vdash$	No
	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete	f the organization ar			T				T = -		
		(a) Current year	(b) P	rior year	(c) Two years bad	:k (d)	Three	years back	(e) Four	years b	ack
1a	Beginning of year balance							-			
b	Contributions	1,112,785.				-					
С	Net investment earnings, gains, and losses	6,992.				-				-	
	Grants or scholarships										
е	Other expenditures for facilities				ĺ						
	and programs					-					
f	Administrative expenses	<del></del>		_	ļ	_					
g	End of year balance	1,119,777.	L		<u> </u>						
2	Provide the estimated percentage of the curr			g, column (a	a)) held as						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	·									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neid a	ina administered i	or the	organi	zation	г		
	by.									Yes	No_
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations	حاد حدورا مسمون	A	ahadula DO					3a(ii)		<u>X</u>
	of If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
Bar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wrnent	urius							—
rai			) Dort II	/ line 11a G	See Form OOO Do	rt V line	. 10				
	Complete if the organization answere							nd	(d) Paci	value	
	Description of property	(a) Cost or o basis (investr			or other (other)	c) Accu depre			(d) Book	value	
	Lond	Dasis (illvesti		Dasis	(53/101)	Sopie					
	Land .	<u> </u>			<del></del>		_				—
	Buildings							<del></del>			
	Leasehold improvements				<del></del>						—
	Equipment					_					
	Other	aual Farm 000 Part	V colun	on /D\ /mo 1	1001						$\overline{\cap}$

Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	end-of-year market value
) Financial derivatives			
2) Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			<del> </del>
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12 ) Part VIII Investments - Program Related.			<u> </u>
Complete if the organization answered "Yes" o		11c. See Form 990, Part X, line 13	and of year market value
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or e	mu-or-year market value
(1)		-	<del></del>
(2)			
(3)		-	
(4)			
(5)		-	<u>-</u>
(6)	<u> </u>		
(7)		-	
(8)	<del></del>		<u> </u>
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ ☐		<u> </u>	
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X, line 15	
	Description	,	(b) Book value
(1)	<del></del>		
(2)			
(3)			
(4)	-		
(5)		-	
(6)		<u> </u>	
(7)			
(8)		<del></del>	
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	on Form 990, Part IV, line		25
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(6)</u> (7)			
(7)			

COLORADO SPRINGS PHILHARMONIC FOUNDATION 82-5487882 Page 3

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

Schedule D (Form 990) 2017

			PHILHARMON				5487882 Page 4
Part	<del></del>			nis wit	n nevenue per i	return	ł.
	Complete if the organization answere					<del>, , ,</del> ,	
	Total revenue, gains, and other support per					1	
	Amounts included on line 1 but not on Form		12.	1 - 1			
	Net unrealized gains (losses) on investments	•		2a		-	
	Donated services and use of facilities			2b		- I	
	Recoveries of prior year grants			2c		┥. ┃	
	Other (Describe in Part XIII )			_2d_		<del></del> -	
	Add lines 2a through 2d					2e	
	Subtract line 2e from line 1	40.4				3	
	Amounts included on Form 990, Part VIII, lin	· ·		1.1		•	
	Investment expenses not included on Form	990, Part VIII, line i	/b	4a		-l'. I	
	Other (Describe in Part XIII )			4b			
-	Add lines 4a and 4b					4c	<del></del>
	Total revenue Add lines 3 and 4c. (This mus			- 14/i	th Evnances no	5	
Pan	Reconciliation of Expenses	-		ents vvi	tn Expenses per	Retu	rn.
	Complete if the organization answere		90, Part IV, line 12a		<del></del>	тт	<del></del>
	Total expenses and losses per audited finan		_			1	
	Amounts included on line 1 but not on Form	990, Part IX, line 2	5	1 - 1		;	
_	Donated services and use of facilities			2a		-	
	Prior year adjustments			2b		-  • •	
-	Other losses			2c		<b>⊣.</b> ∣	
	Other (Describe in Part XIII )			2d		<u>-</u>	
	Add lines 2a through 2d					2e	
-	Subtract line 2e from line 1					3	
	Amounts included on Form 990, Part IX, line			1 1		•	
	Investment expenses not included on Form	990, Part VIII, line 7	7b	4a		-	
	Other (Describe in Part XIII )			4b			
-	Add lines 4a and 4b					4c	
	Total expenses Add lines 3 and 4c. (This mu	ist equal Form 990	, Part I, line 18)			5	
	XIII Supplemental Information.	. <u> </u>			-		
	le the descriptions required for Part II, lines 3 d and 4b, and Part XII, lines 2d and 4b. Also					4, Part	x, line 2, Part XI,
PAR'	T X, LINE 2:			·			
THE	INFORMATION RETURNS O	F THE ORG	ANIZATION A	ARE S	UBJECT TO I	MAX	INATION BY
TAX	ING AUTHORITIES FOR A	PERIOD OF	THREE YEAR	RS FR	OM THE DATE	THI	EY ARE
FIL:	ED. AS OF JUNE 30, 20	18 THE IN	FORMATION F	RETUR	NS FOR THE	THRI	EE
PRE	CEDING YEARS ARE SUBJE	CT TO EXA	MINATION.				
		<del></del>					<del> </del>
							<del>-</del>
					<u>.                                    </u>		
				_		_	<u> </u>

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

COLORADO SPRINGS PHILHARMONIC FOUNDATION

Employer identification number 82-5487882

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			3
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			,
	First-class or charter travel Housing allowance or residence for personal use			ļ
	Travel for companions Payments for business use of personal residence			i
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			1
	establish compensation of the CEO/Executive Director, but explain in Part III			1
	Compensation committee Written employment contract			,
	Independent compensation consultant Compensation survey or study			t
	Form 990 of other organizations  Approval by the board or compensation committee			,
				1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			ĺ
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			1
				,
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			ì
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			}
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III			}
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			į
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		<u> X</u>
	If "Yes" on line 6a or 6b, describe in Part III			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			ا استا
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		L

Schedule J (Form 990) 2017

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	Ì							
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NATHAN NEWBROUGH	Ξ	0	0	0.	0	0.	0	0.
DIRECTOR	(E)	155,642.		0.	0	10,997.	166,63	0
	(0)							
	3							
	€ €							
	Ξ							
	Ξ							
	Ξ							
	(E)							
	Θ							
	(ii)							
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	(ii)							
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	Ξ							
	▣							
•	Ξ							
	Ξ							

Schedule J (Form 990) 2017

### **SCHEDULE 0**

Internal Revenue Service

4 . . . . .

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COLORADO SPRINGS PHILHARMONIC FOUNDATION

Employer identification number 82-5487882

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ASSISTANCE TO THE COLORADO SPRINGS PHILHARMONIC ORCHESTRA.
FORM 990, PART VI, SECTION A, LINE 6:
THE COLORADO SPRINGS PHILHARMONIC ORCHESTRA IS THE SOLE MEMBER OF THE
ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A:
AT ALL TIMES, TWO OFFICERS OR MEMBERS OF THE COLORADO SPRINGS PHILHARMONIC
ORCHESTRA BOARD OF DIRECTORS SHALL BE TRUSTEES OF THE FOUNDATION. THE
TRUSTEE POSITIONS BEING FILLED EACH YEAR SHALL BE FILLED WITH INDIVIDUALS
NOMINATED BY THE BOARD OF TRUSTEES AND APPOINTED BY THE COLORADO SPRINGS
PHILHARMONIC ORCHESTRA, THE ORGANIZATION'S SOLE MEMBER.
FORM 990, PART VI, SECTION A, LINE 7B:
ALL CORPORATE POWERS OF THE FOUNDATION, WITH THE EXCEPTION OF THE AUTHORITY
HELD BY THE BOARD OF TRUSTEES, SHALL BE HELD BY THE MEMBER.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY A BOARD REPRESENTATIVE AND A COPY OF THE RETURN
IS MADE AVAILABLE TO THE BOARD FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION OBTAINS SIGNED CONFLICT OF INTEREST STATEMENTS ANNUALLY.

Scriedule O (Form 990 or 990-EZ) (2017)	raye z
Name of the organization COLORADO SPRINGS PHILHARMONIC FOUNDATION	Employer identification number 82-5487882
THE FORM 990 IS AVAILABLE UPON REQUEST AND ONLINE @GUIDES	TAR.ORG. OTHER
GOVERNING DOCUMENTS INCLUDING BYLAWS, AND CONFLICTS OF IN	TEREST POLICY ARE
AVAILABLE ONLINE @CSPHILHARMONIC.ORG	

SCHEDULE R (Form 990) Name of the organization

Partl

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public

OMB No 1545-0047

**Employer identification number** 

82-5487882

Inspection

 $\mathbf{c}_{\mathbf{i}}$ 

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

COLORADO SPRINGS PHILHARMONIC FOUNDATION

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2017 ŝ × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year COLORADO SPRINGS Direct controlling PHILHARMONIC entity End-of-year assets e status (if section Public charity 501(c)(3)) INE 7 Total income Exempt Code € section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) COLORADO 74-3091110, P.O. BOX 1266, COLORADO SPRINGS, PROFESSIONAL SYMPHONY Primary activity Primary activity ORCHESTRA 501(C)(3) 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990 COLORADO SPRINGS PHILHARMONIC ORCHESTRA Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity CO 80901 Part II

82-5487882

Page 2

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COLORADO SPRINGS PHILHARMONIC FOUNDATION Schedule R (Form 990) 2017

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

	.	`[ ;			-	-		  -  -			
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile	(d) Direct controlling entity	(e) Predominant income (related, unrelated,		(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate	(i) Code V-UBI amount in box	General or managing	General or Percentage
		foreign country)		excluded from tax under sections 512-514)	m tax under 512-514)		assets	Yes No	. 20 of Schedule K-1 (Form 1065)	Yes No	
					_						
								_			
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable	as a Corpo	ration or Trust. Co	omplete if the	e organization ai	nswered "Yes"	on Form 990, F	art IV, line 3.	4, because it had	one or me	ore related
(a)			(p)	(၁)	( <del>p</del> )	(e)		ω	(6)	(F)	
Name, address, and EIN of related organization	Z c	Prim	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	g Type of entity (C corp, S corp, or trust)		Share of total income	Share of Poend-of-year o	Percentage ownership	512(b)(13) controlled entity?
				-							
						<del></del> .					
							<u> </u>				
							1	+	+		

Schedule R (Form 990) 2017

Page 3

8 11 41 1 1 1 1

Yes No

Part V: Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	as with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Y	ò		<b>-</b>	×	اما
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>a</b>	×	اہ
c Gift, grant, or capital contribution from related organization(s)				5	×	اہ
d Loans or loan guarantees to or for related organization(s)				1d	×	الما
e Loans or loan guarantees by related organization(s)				1e	×	
f Dividends from related organization(s)				· <b>;</b>		×
g Sale of assets to related organization(s)				19	×	اسا
h Purchase of assets from related organization(s)				부	×	الدا
i Exchange of assets with related organization(s)				=	×	
j Lease of facilities, equipment, or other assets to related organization(s)				;=	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	, ,	×
Performance of services or membership or fundraising solicitations for Deformance of services or membership or fundamental professions by	anization(s)			= 1	× >	۔ ام
In renormance of services of members in the increasing softwareness by related organization(s) in Shanna of facilities, equipment, mailing lists, or other assets with related organization(s)	anization(s) tion(s)			<b>5</b>	4 ×	یا ام
	·			9	×	
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				े 6		×
q Reimbursement paid by related organization(s) for expenses				19	×	
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				18	_	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	nis line, including covered	relationships and transaction thresholds			-
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		I
1)						
2)						
3)						
4)						
· (6						
9						
32163 09-11-17		: :	Schedule R (Form 990) 2017	R (Form	990) 20	15

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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(h) (i) (j) (k)

Dispropurboard amount in box 20 managing ownership

ves No (Form 1065) ves No end-of-year Share of assets <u>(6</u> Share of total income The all the sections 512-514)

(e)

Are all th Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2017

Schedule F	S (Form 990) 2017 Supplemental Inform	COLORADO SPE	KINGS PHILH	ARMONIC FOUL	NDATION82-54	8/882 Page 5
Part VII	Supplemental Inform	nation.				
	Provide additional informat	tion for responses to que	estions on Schedule	R See instructions		
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