Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

AF	or the	2014 calend	ar year, or tax year beginning , 2014, and en	ding			, 20			
B	Check if applicable: C N		C Name of organization		D Emp	loyer ider	ntification number			
	Address cl	hange					84-1491959			
	Name char		A PRINCE AND							
	Initial retur	11170 F. Long Place					886-5018			
	Amended	n/terminated return		Group Exemption						
_	Application	10000000000000000000000000000000000000	nber >							
G /	Account	ing Method:	✓ Cash	_ Н			the organization is	not		
1 1	Vebsite	:► www.	stmfoundation.org	-			ch Schedule B			
JT	ax-exem	npt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 52	27	(Form 9	90, 990-	EZ, or 990-PF).			
K	Form of	organization:	☐ Corporation ☐ Trust ☐ Association ☐ Other							
LA	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if tota	l assets					
-	-	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>		\$. 5 . 10			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (se	e the	instru	ctions	for Part I)			
7,01		Check if	the organization used Schedule O to respond to any question in this	Part I	• •					
	1		ons, gifts, grants, and similar amounts received			1	25,	099		
	2		ervice revenue including government fees and contracts			2				
	3		ip dues and assessments	* 2		3				
	4		t income	e 12	* *	4				
	5a		ount from sale of assets other than inventory 5a							
	b	Less: cost	or other basis and sales expenses			-				
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		1: = 0 2: = 0	5c				
	6		nd fundraising events							
ത	а	Gross income from gaming (attach Schedule G if greater than \$15,000)								
2			1							
Revenue	b	Gross inco								
ď		from fundi	raising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b							
				11-1-1-1-1		1				
	C	Less: aire	ct expenses from gaming and fundraising events 6c events or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd su	htract					
	d		e or (loss) from gaming and fundraising events (add lines of and ob a	Dudot	6d					
			es of inventory, less returns and allowances	68 880	((AP) ((B)	- Ou				
	7a		of goods sold			1				
	b	Cross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		5 8	7c				
	C		enue (describe in Schedule O)			8				
	8		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	25.	,099		
-	10	Grante and	d similar amounts paid (list in Schedule O)		· ·	10		,350		
	11		aid to or for members	1950 VAN		11				
(O	200		other compensation, and employee benefits			12				
Se	13		nal fees and other payments to independent contractors			13				
Expenses	14		y, rent, utilities, and maintenance			14				
	15		ublications, postage, and shipping	. 10		15		30		
	16		enses (describe in Schedule O)			16	1.	,042		
	17		enses. Add lines 10 through 16		. ▶	17		,422		
	40	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18		,677		
Net Assets	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must	agre	e with					
SS	1	end-of-ye	ar figure reported on prior year's return)			19		0		
* *	20		nges in net assets or fund balances (explain in Schedule O)			20	-3,	,750		
Se	21	Net assets	s or fund balances at end of year. Combine lines 18 through 20			21		,927		
E			tion Act Notice see the senarate instructions. Cat. No. 106	6421			Form 990-EZ (2	2014)		

Pa	rt II Balance Sheets (see the instructions f			S II		
	Check if the organization used Schedule	O to respond to a		(A) Beginning of year	• •	(B) End of year
			L.		00	
22	Cash, savings, and investments			45,201	23	55,730
23	Land and buildings				24	
24	Other assets (describe in Schedule O)			45,201		EE 720
25	Total lightimes (describe in Schodule O)		· · · · · · -	45,201		55,730
26		(D) must agree wit			27	40,803
27	Net assets or fund balances (line 27 of column t III Statement of Program Service Accom	plichments (see the	ne instructions for D		21	4,927
Par	t III Statement of Program Service Accom Check if the organization used Schedule					Expenses
\ A //		O to respond to a	ny question in this r	artin V		quired for section
	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4) anizations; optional for
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m	anner, describe th	of its three largest pr e services provided,	ogram services, the number of	othe	
pers	ons benefited, and other relevant information for ea	ach program title.				
28	Scholarship to Josh Frank					
						1
					00	
	diameter and the second		ants, check here .	-000 d 1 - 0 - 1	28a	1
29	Scholarship to Zachary Bunney					
						1
	(Grants \$ 575) If this amount	includes foreign gr	ants, check here .	🕨 📙	29 a	1
30	Scholarship to Roseline Mugaruka					
						1
			ants, check here .		30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gr	ants, check here .	▶ 📙	31a	
	Total program service expenses (add lines 28a				32	
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	Employees (list eac	h one even if not comp	ensated-see the in	stru	ctions for Part IV)
	Total program service expenses (add lines 28a	Employees (list each O to respond to a		ensated-see the in	stru	ctions for Part IV)
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Par Jenn 9451	Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Curry - President Indian Paint Brush Ln, Highlands Ranch, CO 80129	y Employees (list each O to respond to a (b) Average hours per week	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	stru	ctions for Part IV)
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b 38a	Did the organization file Form 1120-POL for this year?	37b		1
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		1
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶	2001 70		
42a	The organization of books are in our of a	303) 79		16
h	Located at ► 1170 E Long PI, Centennial, CO At any time during the calendar year, did the organization have an interest in or a signature or other authority over	801		No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		***	► [N//
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

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	1	0	•	- 4
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			60 WAS DIS CONTRACTOR CONTRACTOR					162	140	
46	Did the or	ganization engage, directly or in-	directly, in political o	ampaign activities o	on behalf of	or in opposi	tion		,	
		ates for public office? If "Yes," co		, Part 1	· · · ·	<u> </u>	. 46			
Part V	Sec	tion 501(c)(3) organizations	only	otione 17 10h en	d E0 and	aamalata th	o toblos f	or lin	00	
		ection 501(c)(3) organizations	s must answer que	stions 47–49b and	1 52, and	complete tri	e labies i	Of III I	65	
		nd 51.			Abia Davi V	n				
	Che	ck if the organization used Sch	edule O to respond	to any question in	this Part	/1	• • • •	Yes	No	
	D: 1 !!		antivities or hove o	acation EO1/h) alast	ion in offo	at during the	tov [165	INO	
		rganization engage in lobbying		section 50 (ii) elect	ion in enec	c during the	. 47		1	
		ar? If "Yes," complete Schedule C, Part II						-	1	
48	ls the orga	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						-	1	
49a	Did the or							-		
b	If "Yes," w	Yes," was the related organization a section 527 organization?							d kov	
50	Complete	this table for the organization's s) who each received more than	tive nignest comper	esation from the ord	anization l	f there is non	e enter "N	Jone 1	n Key	
	employee	s) who each received more than	\$100,000 of compe	T		alth benefits,	o, onto	torio.		
(a) Name and title of each employee		and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO	contribution benefit pla	contributions to employee				
None										
	- 000 ACC - 000 CO									
		ber of other employees paid over				-	no decemberation			
51	Complete	this table for the organization's	s five highest comp	ensated independer	nt contract	ors who eacl	n received	more	e than	
	\$100,000	of compensation from the organ	nization. If there is n	one, enter "None."						
	(a) Name	and business address of each independ	ent contractor	(b) Type of s	ervice	(0) Compensat	ion		
None				4						
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		-						
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	Takal assau	L of th in don an don't contro	otoro ocob roccivino	over \$100,000	. ▶					
		ber of other independent contra				must attac	h a		-	
		organization complete Schedu	ie A? Note. All S	ection sor(c)(s) or	yainzanons	must attac	.▶□ Yes		No	
Under pe	enalties of per rect. and con	rjury, I declare that I have examined this r nplete. Declaration of preparer (other than	eturn, including accompai officer) is based on all inf	ormation of which prepare	er has any kno	wledge.	nowledge an	u bellel	, 11 13	
	1 ,	post post post post post post post post								
Sign	-	Signature of officer Date								
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		's address ▶	-b	instructions		i none no.	► ✓ Yes	- [	No	