Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990 and anding

Open to Public Inspection

A I	or the	2013 calendar year, or tax year beginning and endin	g		
В	Check if applicable:	C Name of organization		D Employer identific	cation number
_					
L	□Address □change □Name			00 5	024150
	change	Doing Business As			034152
	return Termin- ated	Number and street (or P.0. box if mail is not delivered to street address) 4015 NORTH LAKE CREEK DRIVE #100	/suite	E Telephone numbe 307-	r 733-3050
	Amende return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,906,809.
	Applica-	WILSON, WI 03014		H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: ANDREW TODD		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		npt status: X 501(c)(3)	527		list. (see instructions)
		: ▶ WWW.GTMF.ORG		H(c) Group exemptio	
			Year o	of formation: 1961 N	M State of legal domicile: WY
Pa		Summary		MIIGIG TO D	EGIDENIEG.
Se		riefly describe the organization's mission or most significant activities: ${ t TO t PROV}$ ${ t ND t VISITORS t OF t THE t JACKSON t HOLE, t WYOMING t All t VISITORS t OF t VISITO$			ESIDENTS
Governance	_	heck this box if the organization discontinued its operations or disposed of			
Ver		umber of voting members of the governing body (Part VI, line 1a)		1	27
ဗ္		umber of independent voting members of the governing body (Part VI, line 1b)			27
ა ა		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			37
iţie		otal number of volunteers (estimate if necessary)			125
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		et unrelated business taxable income from Form 990-T, line 34			0.
		·		Prior Year	Current Year
Ф	8 C	ontributions and grants (Part VIII, line 1h)		3,246,330.	3,033,762.
Revenue		rogram service revenue (Part VIII, line 2g)		785,994.	453,488.
eve	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		505,078.	317,499.
ш.	11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,583.	-56,909.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,527,819.	3,747,840.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,417,231.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		978,621.	794,120.
Expenses	16a ₽	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χ̈́	b T	otal fundraising expenses (Part IX, column (D), line 25) 140,376.		0 00 400	0 424 025
_		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,785,479.	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	3,764,100.	8,646,188.
<u>_ </u>	19 R	evenue less expenses. Subtract line 18 from line 12	D.	763,719.	
Net Assets or Fund Balances	00 -	(5)		ginning of Current Year 20,156,257.	End of Year 15,872,620.
Asse Bala	20 T	otal assets (Part X, line 16)		804,970.	767,271.
Vet/	21 T	otal liabilities (Part X, line 26) et assets or fund balances. Subtract line 21 from line 20	\vdash	19,351,287.	15,105,349.
Pá	art II	Signature Block	<u> </u>	13,331,207	13,103,343.
		ies of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	ents, and to the best of m	v knowledge and belief, it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of which pro			,,
	Ī				
Sig	n	Signature of officer		Date	
Her		ANDREW TODD, EXECUTIVE DIRECTOR			
		Type or print name and title			
	T I	Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid	d E	EANA A. INFIELD	1	1/17/14 if self-employ	P00440603
Pre	_	irm's name ► BEALL BARCLAY & COMPANY, PLC		Firm's EIN	71-0355269
Use	Only	Firm's address P. O. BOX 10148			
		FORT SMITH, AR 72917-0148		Phone no. (4	
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE MUSIC TO RESIDENTS AND VISITORS OF THE JACKSON HOLE WYOMING
	AREA.
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	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.
 4а	(Code:) (Expenses \$ 8,326,504. including grants of \$ 5,417,231.) (Revenue \$ 492,008.)
	CONCERTS, INCLUDING CHAMBER MUSIC, SOLOISTS AND SYMPHONY ORCHESTRAS
	THROUGH THE SUMMER SEASON
4b	(Code:) (Expenses \$
TD	(Code) (expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 8,326,504.

332002 10-29-13

Part IV | Checklist of Required Schedules

			Yes	No
1 I	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
	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		Х
	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
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6 [Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	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	
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
á	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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	444		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	- 21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b \	Was the organization included in consolidated, independent audited financial statements for the tax year?			
I	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	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	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	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		Х
	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	x	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
				37
	complete Schedule G, Part III	19		Х
20a [complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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			37
	Schedule K. If "No", go to line 25a	24a		X
	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	04-		
لہ	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
2 5a		25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	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		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	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?	26		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	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	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Second Programme Second Program 1906 Enter-0- if not applicable 1a 2.97 1b 0 0 1b 0 0 1c 1c 0 1c 0 1c 1c		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter 6-bill rot applicable 10 0 0 0 0 0 0 0 0						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 377 2b. X 2a. 377 2c. KX 2a. 377 3b. If at least one is reported on line 2a, did the organization fall enquired federal employment tax returns? 2b. If all least one is reported on line 2a, did the organization fall enquired federal employment tax returns? 2c. 37 2d. X 2d	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	297			
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withorises? 2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 37 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a If with the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If the organization have unrelated business gross income of \$1,000 or more during the year? 3a If with a file of the calendar year, did the organization file all required rederal employment tax returns? 3b If "Yes," has it filed a Form 950 T for the year? If "No," to file 3b, provide an explanation in Schedule O. 3b If "Yes," a file of during the calendar year, did the organization have an interest n, or a signature or other authority over, a financial account in a foreign country. Publish of the year of the year? If "No," to file 3b, provide an explanation in Schedule O. 3b If "Yes," a file of the foreign country (such as a bank account, securities account, or other financial account? 4a If yes, the file of the organization file for provided an explanation in Schedule O. 5b If "Yes," to line 5a or 5b, did the organization file Form 8866:1? 5c If "Yes," to line 5a or 5b, did the organization file Form 8866:1? 5c If "Yes," to line 5a or 5b, did the organization file Form 8866:1? 5c If "Yes," to line 5a or 5b, did the organization file Form 8866:1? 6a If "Yes," to line 5a or 5b, did the organization file Form 8866:1? 6b If "Yes," file organization excluded an ordanization excluded or the year of the wave of the goods or services provided? 6c If "Yes," to line 5a ordanization file form 85b, file file file file file organization file form 95b, file wave file file file organization file form 95b, file wave file file file file file file file fil	b		1b	0			
Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendary pair entings with or within the year covered by this result. Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming			
2a Earth the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef 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) 3a		(gambling) winnings to prize winners?			1c	X	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$7,000 or more during the year? 3b If the veginization have unrelated business gross income of \$7,000 or more during the year? 3a At any time during the celandary year, did the organization have an inferest 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 accountly? 5a Vas the organization a party to a prohibited tax shelter transaction at any time during the calendary ear, did the organization have a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? 5c If Yes, 'to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions under section 170(c). 5d If If Yes, 'did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5d If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5d If Yes, 'directly any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5d If the organization re	2a						
b If a 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 reflig (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary 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 accountly? 4a At any time the name of the foreign country. 5b If "Yes," enter the name of the foreign country. 5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If Yes, "If did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, "Indicate that mumber of Forms 8982 filed during the year 6 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If Yes, "Indicate the number of Forms 8982 filed during the year 6 Did the organization selection appropriation of the value of the goods or services provided? 7d If Yes, "Indicate the number of Forms 8982 filed during the year 7d If If the organization received a contribution of qualified intellectual property, did the organization		filed for the calendar year ending with or within the year covered by this return	2a	37			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif 17 %s, "has it filed a Form 990T for this year? if "No," to fire 35, provided are replication for the fire of the organization of 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). bif 17 %s, "inter the name of the foreign country! Such as a bank account, securities account, or other financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was 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 as chariable contributions? 6b If Yes, "to line 5a or 50s, did the organization file Form 8896-f7? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a bif the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fler Form 8282? 1f "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 1f "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 1f If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 1f If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 1f If the organization sell, exchange in the value of the goods or services provided? 7c X gradient for the organization received a contribution of cars, bo	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
b if Yes, 'has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5b If 'Yes,' to line 5a or 5b, did the organization the form 8886-1? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a) bit if ves,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive a payment in excess of \$75 made partly as contribution of organizations provided to the payor? 7 To X X 5 If 'Yes,' indicate that may receive deductible contributions under section 170(c). a) bit the organization nell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8889. b) If 'Yes,' indicate the number of Forms 8282 filed during the year b) bit the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 To X 7 To X 9 If the org		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)s				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aperunts for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a Des 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 as charitable contributions? 6a Des 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 as charitable contributions? 6b If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," idd the organization notity the donor of the value of the goods or services provided? 7c Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c I if Yes, indicate the number of Forms 8282 filed during the year 9c Did the organization received a contribution of qualified intellectual property, did the organization flee and part and partly and property for which it was required 7c I if the organization received a contribution of qualified intellectual property, did the organization flee and partly and a contribution of qualified intellectual property, did the organization flee and partly and a contribution of qualified intellectual property, did the organization flee and partly and partly and partly and pa	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
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organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter: 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.) 11a 1b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.$	id the sı	upporting			
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 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 10b 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 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		$organization, or a \ donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, have \ excess \ business \ holdings \ at$	any tim	e during the year?	8		X
b Did the organization make a distribution to a donor, donor advisor, or related person? 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 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther 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. 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 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
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 11a 1	10						
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а						
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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 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а		11a				
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 12b 12b 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 13b 13c 14a 15c 14a 15c	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		, , , , , , , , , , , , , , , , , , , ,					
Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 C Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					12a		
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			12b				
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
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 13c 14a	а	-			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b						
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37
							V
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			000	(0040)

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.

0	Check if Schedule O contains a response or note to any line in this Part VI						Λ
Sec	tion A. Governing Body and Management				_		
		1		\ 	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4	27			
	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.		١,				
b	Enter the number of voting members included in line 1a, above, who are independent	1b		27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?			∟≟	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			∟:	3		Х
4	$\label{eq:decomposition} Did the organization make any significant changes to its governing documents since the prior Form$	990 w	as filed?	∟'	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		L	5		Х
6	Did the organization have members or stockholders?			∟	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?			7	'a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			. 7	b d		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ie following:				
а	The governing body?			_ 8	a	Х	
b	Each committee with authority to act on behalf of the governing body?			۱ -	b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	e Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	Ob		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	1	1a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 1	2a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	flicts?	12	2b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," d	escribe				
	in Schedule O how this was done			. 1	2c		
13	Did the organization have a written whistleblower policy?			[1	3		X
14	Did the organization have a written document retention and destruction policy?			[1	4	X	
15	Did the process for determining compensation of the following persons include a review and approv						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official			1	5а	Х	
	Other officers or key employees of the organization				5b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				T		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?			. [10	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are steps to safeguard the organical statements.	anizatio	n's				
	exempt status with respect to such arrangements?	<u>.</u>	<u></u>	10	6b		
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 (Sec	tion 501(c)(3)s onl	y) ava	ilabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website Upon request Other (explain	ı in Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy,	and fi	nan	cial	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organ	izatior	n: 🕨		
	GRAND TETON MUSIC FESTIVAL - 307-733-3050						
	4015 NORTH LAKE CREEK DRIVE #100, WILSON, WY 8301	L4					

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	T	111120		C)	npe	isai	(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any				l) i i us		from the	from related organizations	other compensation
	hours for	trustee or directo				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tr		loyee	comp				and related
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) EMILY ARBEGUST	1.00	-		0		工 あ	Œ			
DIRECTOR		Х						0.	0.	0.
(2) DAVID AUGE	1.00									
DIRECTOR/OFFICER		Х		Х				0.	0.	0.
(3) KENNETH BEGELMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(4) PETER A. BENOLIEL	1.00									
CHAIR OF ARTISTIC COMMITTEE		Х		Х				0.	0.	0.
(5) MERTON BELL, III	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JOHN COSTELLO	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) JULIE FAUPEL	1.00									
DIRECTOR	1	Х						0.	0.	0.
(8) LAWRENCE G. FINCH	1.00								0	0
DIRECTOR/OFFICER	1 00	Х		Х				0.	0.	0.
(9) JIM GERSACK	1.00	٠,,		,,					0	0
VP OF FACILITIES	1 00	Х		Х				0.	0.	0.
(10) JOAN GOLDFARB	1.00	Į.,						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0.
(11) CHRISTINE HARTLEY DIRECTOR	1.00	x						0.	0.	0.
(12) DICK JAQUITH	5.00	^						0.	0.	0.
TREASURER	3.00	X		Х				0.	0.	0.
(13) PATTY JAQUITH	1.00							0.	0.	· ·
DIRECTOR	1.00	x						0.	0.	0.
(14) EDWARD LIEBZEIT	1.00								<u> </u>	
DIRECTOR		x						0.	0.	0.
(15) BARBARA MCCELVEY	1.00	Ť								
VP OF LONG RANGE PLANNING		x		х				0.	0.	0.
(16) SYLVIA NEIL	5.00									
VP OF MARKETING		x		х				0.	0.	0.
(17) JOHN NYHEIM	1.00									
DIRECTOR		х						0.	0.	0.
	•	•			•	•		•		Cause 000 (0010)

332007 10-29-13

161111330 (2010)												<u> </u>
Part VII Section A. Officers, Directors, Trus	stees, 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	not c	Pos	ition	than	one	Reportable	Reportable	Es	stimate	∍d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	ar	nount	of
	week (list any	H-	T		I), a de	100)	from	from related		other	41
	hours for	or director				L		the organization	organizations (W-2/1099-MISC)		pensa rom the	
	related	e or c	stee			ısatec		(W-2/1099-MISC)	(** 2/ 1000 141100)		anizati	
	organizations		Institutional trustee		yee	Highest compensated employee		(** =/ *********************************			d relate	
	below	Individual	tution	ь	Key employee	est co loyee	Jer .			orga	anizatio	ons
	line)	Indiv	Insti	Officer	Key 6	High emp	Former					
(18) GILMAN ORDWAY	1.00]						_	_			_
DIRECTOR		Х						0.	0.			0.
(19) ARI RIFKIN	1.00											_
DIRECTOR		Х						0.	0.			0.
(20) JERRY ROSE	1.00											_
DIRECTOR		Х						0.	0.			0.
(21) DONALD RUNNICLES	8.00	ļ						4.64 0.00				•
MUSIC DIRECTOR	1	Х						161,079.	0.			0.
(22) MARTIN SCHURING	1.00	۱						_				•
DIRECTOR	1 00	Х						0.	0.			0.
(23) GARY SILBERGERG	1.00	١		l				_				•
DIRECTOR/OFFICER		Х		Х				0.	0.			0.
(24) MARGOT WALK	5.00	۱		l				_				^
PRESIDENT		Х		Х				0.	0.			0.
(25) BOB WHITMORE	5.00	ļ		l								•
SECRETARY	1	Х		Х				0.	0.			0.
(26) JOHN WHITMORE	1.00	۱						_				^
DIRECTOR		Х	_					0.	0.			0.
1b Sub-total								161,079.	0.		2 0	0.
c Total from continuation sheets to Part V								234,875.	0.		3,0	
d Total (add lines 1b and 1c)								395,954.	0.		3,0	79.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) wl	no re	eceived more than \$100	0,000 of reportable			_
compensation from the organization											V I	<u> </u>
		_					_				Yes	No
3 Did the organization list any former officer				-	-	-		•				v
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the s	· · · · · · · · · · · · · · · · · · ·		-						the organization	_	- V	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								4	X	i		

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DONALD RUNNICLES, 4015 NORTH LAKE CREEK DRIVE #100, WILSON, WY 83014	MUSIC DIRECTOR	161,079.
JACKSON HOLE RESORT LODGING, 3200 W. MCCOLLISTER DRIVE, TETON VILLAGE, WY 83025	LODGING AND ACCOMENDATIONS	151,533.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 GRAND TE'	ron Musi	IC.	FI	3S:	7I7	<i>V</i> AI		INC.	23-703	4152
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	call t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any hours for	irecto				emp		organization	(W-2/1099-MISC)	from the
	related	e or d	stee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	ution	-e	Key employee	est co	-e			3
	line)	Indiv	Instit	Officer	Key	High	Former			
(27) GAIL WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(28) JAMES P. WUNSCH	1.00									
DIRECTOR		Х						0.	0.	0.
(29) ANDREW TODD	60.00							405 405	•	
EXECUTIVE DIRECTOR				Х				105,137.	0.	0.
(30) STEPHEN FRIEDLANDER	60.00							65 554	0	0
FORMER EXECUTIVE DIRECTOR	60.00			Х				67,554.	0.	0.
(31) GINNY STRADLEY-MEAGHER DIRECTOR OF FINANCE	60.00	ł		х				62,184.	0.	3 070
DIRECTOR OF FINANCE				Λ				02,104.	0.	3,079.
		ł								
		ł								
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		1								
		l								
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		ł								
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		1								
		1								
							L			
							<u> </u>			
Total to Doub VIII. Continue A. Bronde								234,875.		3,079.
Total to Part VII, Section A, line 1c								454,015.		5,013.

Total Add lines 2a2f	Pal	t VI		or note to any lin	e in this Part VIII			
2 a CONCERT TICKET SALES b OTHER FESTIVAL REVENUE 711300 333,220 333,220			Oncok ii Goricadic O contains a response o	or riote to arry in	(A)	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections 512 - 514
2 a CONCERT TICKET SALES b OTHER FESTIVAL REVENUE 711300 333,220 333,220	Grants	b	Membership dues 1b	202 752				
2 a CONCERT TICKET SALES DOTHER FESTIVAL REVENUE T11300 333,220 333,220 333,220	r A		9	304,753.				
2 a CONCERT TICKET SALES DOTHER FESTIVAL REVENUE T11300 333,220 333,220 333,220] ja ja							
2 a CONCERT TICKET SALES DOTHER FESTIVAL REVENUE T11300 333,220 333,220	Sign		ÿ ` , , , , , , , , , , , , , , , , , ,					
2 a CONCERT TICKET SALES DOTHER FESTIVAL REVENUE T11300 333,220 333,220	la pri	·		731,009.				
2 a CONCERT TICKET SALES DOTHER FESTIVAL REVENUE T11300 333,220 333,220	₽Ġ	g						
2 a CONCERT TICKET SALES DOTHER FESTIVAL REVENUE T11300 333,220 333,220	a လ	h	Total. Add lines 1a-1f	>	3,033,762.			
The color of the								
Total, Add lines 2a-2f	e Ce	2 a						
Total, Add lines 2a-2f	e K	b	OTHER FESTIVAL REVENUE	711300	120,268.	120,268.		
Total, Add lines 2a-2f	n S	C						
Total, Add lines 2a-2f	Be.	d						
Total, Add lines 2a-2f	ğ							
3 Investment income (including dividends, interest, and other similar amounts)	-		_		153 188			
272,667. 272,667. 272,667. 272,667. 4 Income from investment of tax-exempt bond proceeds 5 Royalties	\dashv				433,400.			
1		3	,	<i>'</i>	272.667.			272.667.
1		4		ī	2,2,00,0			2,2,00,0
(i) Real (ii) Personal 38,520.				-				
D Less: rental expenses 38,520								
D Less: rental expenses C Rental income or (loss) C Rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) Rest contained by the rental income or (loss) Rest contained by the rental income or (loss) D Rest contained by the rental income or (loss) Rest contained by the re		6 a	Gross rents 38,520.					
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 6 Gain or (loss) 6 A4, 718. 6 Gain or (loss) 6 A4, 832. 8 a Gross income from fundraising events (not including \$ 302,753. or 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 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 12 Total revenue. See instructions. 13 38,520. 44,832. 44,832		b	Less: rental expenses 0.					
Table Tabl		c	Rental income or (loss) 38,520.					
assets other than inventory b Less: cost or other basis and sales expenses 648 , 718 . c Gain or (loss) 44 , 832 . d Net gain or (loss) 50 , 244 , 832 . d Net gain or (loss) 44 , 832 . d Net gain or (loss) 44 , 832 . d Net gain or (loss) 50 , 244 , 832 . d Net gain or (loss) 648 , 718 . c Gain or (loss) 648 , 718 . d Net gain or (loss) 648 , 718 . d Net gain or (loss) 648 , 718 . d Al 4, 832		d	Net rental income or (loss)	>	38,520.	38,520.		
b Less: cost or other basis and sales expenses 648,718. c Gain or (loss) 44,832. d Net gain or (loss) 44,832. 8 a Gross income from fundraising events (not including \$ 302,753. of contributions reported on line 1c). See Part IV, line 18		7 a		(ii) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$\frac{302,753.of}{302,753.of}\$ c 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 b c d All other revenue e Total. Add lines 11a.11d 12 Total revenue. See instructions. 648,718. 444,832. 444,822. 448,822. 444,82			, 					
C Gain or (loss) 44,832. 44,822. 44,82		b						
d Net gain or (loss) 44,832. 4			and sales expenses 040, 710.					
8 a Gross income from fundraising events (not including \$ 302,753. of contributions reported on line 1c). See Part IV, line 18		C	Not gain or (loss)		44 832.			44 832
including \$ 302,753. of contributions reported on line 1c). See Part IV, line 18			The state of the s		11/0321			11/0320
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 b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. -95,429	a	0 4						
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 a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. -95,429 -95,4	eve							
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 a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. -95,429 -9	<u>بر</u> ۳		·	414,822.				
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 a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. -95,429 -9	풀	b		510,251.				
Part IV, line 19	١	c	Net income or (loss) from fundraising events		-95,429.			-95,429.
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.		9 a						
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 b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 3,747,840. 492,008. 0. 222,070								
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d b 3,747,840 492,008 0 222,070								
and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a			· · · · · · · · · · · · · · · · · · ·					
b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a C C C C C C C C C C C C C C C C C C		10 a	- ·					
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. D Susiness Code 3,747,840. 492,008. 0. 222,070		h						
Miscellaneous Revenue Business Code 11 a				—				
11 a	ŀ							
b	f	11 a						
c d All other revenue e Total. Add lines 11a-11d > 12 Total revenue. See instructions. > 3,747,840. 492,008. 0. 222,070								
e Total. Add lines 11a-11d 12 Total revenue. See instructions. → 3,747,840. 492,008. 0. 222,070								
e Total. Add lines 11a-11d 12 Total revenue. See instructions. → 3,747,840. 492,008. 0. 222,070								
		е	Total. Add lines 11a-11d					
	22000		Total revenue. See instructions.	>	3,747,840.	492,008.	0.	

Form 990 (2013) GRAND TETON M Part IX Statement of Functional Expenses

seci	ion 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	X
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	F 41F 021	F 41F 021		
	organizations in the United States. See Part IV, line 21	5,417,231.	5,417,231.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	172,690.	146,787.	8,634.	17,269
_	trustees, and key employees	112,090.	140,707.	0,034.	17,209
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	narrana described in section 4050(a)(D)				
7		473,632.	402,587.	23,682.	47,363
7 8	Other salaries and wages Pension plan accruals and contributions (include	±13,032•	±02,307•	23,002.	±1,505
o	section 401(k) and 403(b) employer contributions)	10,606.	9,015.	530.	1,061
9	Other employee benefits	64,809.	55,088.	3,240.	6,481
9 10	Payroll taxes	72,383.	61,526.	3,619.	7,238
11	Fees for services (non-employees):	, _ , 5 5 5 1	02/0201	3,0231	,,200
	Management				
b		26,033.	22,128.	2,603.	1,302
	Accounting	19,294.	16,400.	1,929.	965
d		- , -	, , , ,	, -	
e	D (' 1(1 ' ' ' O D ' N ' ' 47				
f	Investment management fees	14,441.	12,275.	1,444.	722
g					
Ū	column (A) amount, list line 11g expenses on Sch 0.)	1,047,320.	1,047,320.		
12	Advertising and promotion	209,129.	188,216.		20,913
13	Office expenses	64,219.	54,586.	3,211.	6,422
14	Information technology	8,163.	7,347.	816.	
15	Royalties				
16	Occupancy	130,614.	111,022.	6,531.	13,061
17	Travel	246,650.	197,452.	44,325.	4,873
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,051.	946.	105.	
20	Interest				
21	Payments to affiliates	201 100	200 105	TO 006	
22	Depreciation, depletion, and amortization	381,483.	309,197.	72,286.	2 600
3	Insurance	37,412.	31,853.	1,853.	3,706
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 0.)				
а	EDUCATION & OUTREACH EX	89,997.	76,497.	4,500.	9,000
a b	WALK FESTIVAL HALL & MU	87,209.	87,209.	-,500.	2,000
C	MUSIC PROGRAM EXPENSES	51,766.	51,766.		
d	MUSIC IN THE HOLE EXPEN	20,056.	20,056.		
	All other expenses	,	,		
:5	Total functional expenses. Add lines 1 through 24e	8,646,188.	8,326,504.	179,308.	140,376
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)				

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	850.	1	108,752.		
	2	Savings and temporary cash investments		872,188.	2	402,674.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	478,081.	4	437,353.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa		, , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		-			
Ś		employees' beneficiary organizations (see instr).		•		6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9				21,752.	9	22,690.
	1	Land, buildings, and equipment: cost or other					,
		basis. Complete Part VI of Schedule D	10a	9,394,427.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	3,475,412.	11,651,545.	10c	5,919,015.
	11	Investments - publicly traded securities		7,131,841.	11	5,919,015. 8,982,136.	
	12	Investments - other securities. See Part IV, line	· · ·	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 equ			20,156,257.	16	15,872,620.
	17	Accounts payable and accrued expenses		29,970.	17	35,796.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Ě		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			775,000.	23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables [.]	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			0.	25	731,475. 767,271.
	26	Total liabilities. Add lines 17 through 25			804,970.	26	767,271.
		Organizations that follow SFAS 117 (ASC 958		k here ▶			
ses		complete lines 27 through 29, and lines 33 an			15 401 000		11 404 510
anc	27	Unrestricted net assets			15,491,883.	27	11,404,510.
Bal	28	Temporarily restricted net assets		The state of the s	1,282,130.	28	1,123,565.
<u>nd</u>	29				2,577,274.	29	2,577,274.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	s), check here ▶∟□				
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
ě	32	Retained earnings, endowment, accumulated in			10 251 207	32	15 105 240
_	33	Total net assets or fund balances			19,351,287. 20,156,257.	33	15,105,349.
	34	Total liabilities and net assets/fund balances			4U,130,43/.	34	15,872,620.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	<u>,74</u>	7,8	<u>40.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				88.
3	Revenue less expenses. Subtract line 2 from line 1	3				48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19	, 35	1,2	87.
5	Net unrealized gains (losses) on investments	5		65	2,4	10.
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	15	,10	5,3	49.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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 basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
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	:			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	Ī			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	3b		
				Form	990	(2013)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

GRAND TETON MUSIC FESTIVAL, INC.

Employer identification number 23-7034152

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")	1					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf	1					
3	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge	1					
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		, ,	. ,	<u> </u>	, ,	.,
8	Gross income from interest,						
	dividends, payments received on	1					
	securities loans, rents, royalties	1					
	and income from similar sources	1					
9	Net income from unrelated business						
·	activities, whether or not the	1					
	business is regularly carried on	1					
10	Other income. Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part IV.)	1					
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,	rd fourth or fifth t			
	organization, check this box and stop	-					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (I					14	%
	Public support percentage from 2012		•	* * * * * * * * * * * * * * * * * * * *		15	%
	33 1/3% support test - 2013. If the c					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supr	orted organization	1			
k	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual	-					
17a							
	17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
	meets the "facts-and-circumstances"				•	_	. \square
ŀ	10% -facts-and-circumstances tes	~	· · · · · · · · · · · · · · · · · · ·				
•	more, and if the organization meets the						
	organization meets the "facts-and-circ				-		▶ □
18	Private foundation. If the organization						
<u></u>		Lia not oncon a	20X 011 m10 10, 10	_, .o., .ru, o. 171	~, 5110011 tillo box t		or 000 F7\ 0040

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (of fised year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total membership fees received. (Co not include any 'unusual grants.') (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total membership fees received. (Co not include any 'unusual grants.') (a) 2015 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (d) 447982 (d)	Sec	etion A. Public Support	olow, please comp	note i art ii.j				
1 Giffs, grants, contributions, and membership fees received, (Do not include any "unusual grants.") 2 Gross receipts from admissions, membership fees received, (Do not include any "unusual grants.") 2 Gross receipts from admissions, membership sold or services person, and admissions, membership sold or services person, and admissions, and admissions, and admissions are considered in the organization state accompt purpose any activity that is related to the organization state accompt purpose and activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization without charge and a services or facilities furnished by a governmental unit to the organization without charge for mid-spulling persons behavior in the state of the persons of the organization without charge for mid-spulling persons behavior in the state of the persons of the organization without charge for the organization without charge for mid-spulling persons behavior of the state of the state of the state of the persons of the state of the	Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Carose receipts from activities that are not an unrelated trade or business unless and for services programmers are activities that are not an unrelated trade or business unless and for services programmers that are not an unrelated trade or business under section 513. 1 Tax revenues levied for the organization without charge for trailing that the programmers of the programmers are not an unrelated trade or business under section 513. 1 Tax revenues levied for the organization without charge for trailing that the programmers are not an unrelated trade or business under section 513. 1 Tax revenues levied for the organization without charge for trailing the programmers are not an unrelated trade or business trailing to a second on its behalf. 1 The value of services or facilities furnished by a governmental unit to the organization without charge for trailing the programmers to the programmers of the programmers are not displayed persons. 2 Page 1 Section 1 Tax (1 Tax 1	1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	, ,
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or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 7 42 5								
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13 Total support. (Add lines 9, 10¢, 11, and 12.) 2154065. 4601745. 3879117. 4361935. 3798437. 18795299 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18795299 18795299								
Check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 7 42 5	13	` ' /	2154065.	4601745.	3879117.	4361935.	3798437.	18795299.
Check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 7 42 5	14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 7 42 5		check this box and stop here						
16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 80.95 7.42	Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 7 42 9	15	Public support percentage for 2013 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	, -
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	80.95 %
7 04	Sec	ction D. Computation of Inves	stment Incom	e Percentage				
18 Investment income percentage from 2012 Schedule A. Part III. line 17	17	Investment income percentage for 20	13 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	7.42 %
							18	7.04 %
19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not	19a	33 1/3% support tests - 2013. If the	organization did n				3 1/3%, and line 1	17 is not
b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	b							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		• •	•			•	•	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20							

art IV	Form 990 or 990-EZ) 2013 GRAND 'I'E'.				23-7034152 Pa
	Supplemental Information. Provide	the explanations	required by Part II,	line 10; Part II, line 17	'a or 17b; and Part III, line 12.
	Also complete this part for any additional inf	ormation. (See in	structions).		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

2013
Open to Public Inspection

GRAND TETON MUSIC FESTIVAL, INC. Employer identification number 23-7034152

Pai			or Acco	unts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year	1	(2)	
2	Aggregate contributions to (during year)	_		
3	Aggregate grants from (during year)			_
4	Aggregate value at end of year	2,577,274.		
5	Did the organization inform all donors and donor advisors in w		ed funds	
•	are the organization's property, subject to the organization's e	_		X Yes No
6	Did the organization inform all grantees, donors, and donor ad			
•	for charitable purposes and not for the benefit of the donor or			
	• •	donor advisor, or for any other purpose of	•	X Yes No
Pai	t II Conservation Easements. Complete if the organic			
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·		·
	Preservation of land for public use (e.g., recreation or ed		orically imn	oortant land area
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space	r receivation of a contin	nou motorie	, di detaile
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	of a consen	vation easement on the last
_	day of the tax year.		51 G 0011001	ration cassiment on the last
	day of the tax your.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic structure.			
	Number of conservation easements included in (c) acquired af			
_	listed in the National Register	•		
3	Number of conservation easements modified, transferred, rele			on during the tax
	year >	, 3	J	J .
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it I			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a			
7	Amount of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements during	the year	\$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organiza	ation's accounting for
	conservation easements.			
Paı	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Simi	lar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statem	ent and ba	lance sheet works of art,
	historical treasures, or other similar assets held for public exhil	bition, education, or research in furtherar	nce of publi	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	and baland	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pub	olic service,	provide the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial	gain, provi	de
	the following amounts required to be reported under SFAS 11			
а	Revenues included in Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$

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		Collections of Ar				or Oth	or Sim		J 3 4 1 5 2		ge 2
	organizations maintaining o										
3	Using the organization's acquisition, accessi	on, and other record	s, check an	y of the	following tha	at are a s	significai	nt use of its	s collection	items	3
	(check all that apply):										
а	Public exhibition	d			hange progr	ams					
b	Scholarly research	е	U Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	further tl	ne organizati	ion's exe	empt pu	rpose in Pa	art XIII.		
5	During the year, did the organization solicit of								_		1
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the org	janizatio	n answered	"Yes" to	Form 9	90, Part IV	, line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for con	tribution	s or other as	ssets no	t include	ed _	_		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:							
									Amount		
С	Beginning balance						10	;			
d	Additions during the year						1d	I			
е	Distributions during the year						1e)			
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation h	as been	provided in	Part XIII					i
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Ye	s" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Thre	e years bacl	(e) Four	years l	ack
1a	Beginning of year balance	2,577,274.	2,57	7,274.	2,57	7,274.					
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	2,577,274.	2,57	7,274.	2,57	7,274.					
2	Provide the estimated percentage of the curr					,			1		
	Board designated or quasi-endowment	ione your one balanc	%	0.0	,,, mora ao.						
	Permanent endowment 100.00	%									
	Temporarily restricted endowment										
·	The percentages in lines 2a, 2b, and 2c shou	-									
32	Are there endowment funds not in the posse	•	ation that ar	e held a	nd administa	ered for	the orga	nization			
Ja	by:	ssion of the organiza	ation that ai	e neid a	na administ	5160 101	lile Olga	iriizatiori	Г	Yes	No
									3a(i)	103	X
	(i) unrelated organizations(ii) related organizations									_	X
L	If "Yes" to 3a(ii), are the related organizations	listed as required a							3a(ii)	-	
									3b		
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willelit lulic	15.							
. u	Complete if the organization answere		Part IV line	2 د11ء	00 Form 990	Dort Y	line 10				
	Description of property	(a) Cost or of			or other		ccumul		(d) Book	voluc	
	Description of property	basis (investr		basis		٠,	preciation		(u) 600r	value	,
	Land	`	,		3,085.	ac	- Coluti		9:	3,08	35
	Land				5,265.	2	804,	589	5,500		
	Buildings			5,50	5,205.	۷,	JU = ,	307.	3,300	,, 0	<u> </u>
	Leasehold improvements			QΩ	3,747.		658,	193	301	5,25	51
	Equipment				$\frac{3,747}{2,330}$.			330.	J 4 .	,, 4.	
	Other		Y column (-		14,	330.	5,919) (1	5
เบเส	ii Aud iiiles Ta tilibuyii Te. (Oolulliii (u) Illust e	quair oiiii 330, i ail.	r, colullii (i	۱ ⊃۱۱۱۱ ,رر	U(U/-/				J,J±-	, , ,	•

Schedule D (Form 990) 2013 GRAND TETOI	N MUSIC FEST	IVAL, INC.	23-7034152 Page
Part VII Investments - Other Securities.		,	r ugo
Complete if the organization answered "Yes	" to Form 990, Part IV, lir	ne 11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)			n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes	" to Form 990. Part IV. lir	ne 11c. See Form 990. Part X. I	ine 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	·		
Complete if the organization answered "Yes	" to Form 990. Part IV. lir	ne 11d. See Form 990. Part X.	line 15.
) Description		(b) Book value
(1)	, .		
(1)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	no 15)		
Part X Other Liabilities.	ne 15.)		
Complete if the organization answered "Yes	" to Form 000 Port IV lir	20 110 or 11f Soc Form 000 D	lart V line 25
() D	to Form 990, Part IV, III	(b) Book value	art A, line 25.
		(b) Book value	
(1) Federal income taxes (2) DUE TO AFFILIATE		731,475.	
(-)		131,413.	
(3)			
<u>(4)</u> (5)			
(3)	l l		

(6) (7) (8) 731,475. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 X

4c

8,646,188

Part XI	Recond	iliation	of Revenue	per Audited	Financial	Statements	With	Revenue	per l	Return

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,431,696.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	652,410.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	652,410.
3	Subtract line 2e from line 1			3	3,779,286.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-31,446.		
С	Add lines 4a and 4b			4c	-31,446.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,747,840.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	8,677,634.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	31,446.		
е	Add lines 2a through 2d			2e	31,446.
3	Subtract line 2e from line 1			3	8,646,188.
4	Amounts included on Form 990 Part IX line 25, but not on line 1:				

Part XIII Supplemental Information.

Other (Describe in Part XIII.)

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4a

PART X, LINE 2:

c Add lines 4a and 4b

EXPLANATION: THE FESTIVAL QUALIFIES AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR STATE STATUTE AND IS NOT SUBJECT TO TAX AT THE ENTITY LEVEL FOR FEDERAL AND STATE INCOME TAX PURPOSES. THE FESTIVAL ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF FASB CODIFICATION TOPIC INCOME TAXES. FASB CODIFICATION TOPIC INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND REQUIRES THE FESTIVAL TO RECOGNIZE IN THEIR FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UNDER AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS ASSESSED THE TAX POSITIONS OF THE FESTIVAL AND

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990 Inspection Employer identification number

GRAND T	ETON MUSIC FESTIVA	L,	INC	•	23-7034	152
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	es" to	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) pursi	tion of tion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	no is registered at licensed to colicit a	ontrib	▶	or has been notified	t it is exempt from r	ogistration
3 List all states in which the organization or licensing.	ar is registered of illetised to solicit	JOHUL	uuons	o i nas peen nounec	a it is evenibriioili te	zyistiation

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Schedule G (Form 990 or 990-EZ) 2013

23-7034152 Page 2 Schedule G (Form 990 or 990-EZ) 2013 GRAND TETON MUSIC FESTIVAL, INC. Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through WINE AUCTIONBRAVO/MRKTNG col. (c)) (event type) (event type) (total number) Revenue 583,487. 134,088. 717,575. 1 Gross receipts 266,635 36,118. 302,753. 2 Less: Contributions 316,852. 97,970. 414,822. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 34,960. 0. 34,960. Rent/facility costs 127,931. 5,382. 133,313. 7 Food and beverages 9,061 425 9,486. 8 Entertainment 324,687. 332,492. 7.805. Other direct expenses 510,251. 10 Direct expense summary. Add lines 4 through 9 in column (d) -95,429. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs **5** Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) _____**>** Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 GRAND TETON MUSIC FESTIVAL, INC. 23-7	<u>/034</u>	<u> 152</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility	\vdash		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
	: If "Yes," enter name and address of the third party:			
•	The first than and address of the third party.			
	Name			
	Address ▶			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	└── `	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
_			_	_

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GRAND TET	ON MUSIC	FESTIVAL,	INC.				23-703	4152
Part I General Information on Grants a	and Assistance							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?						tion Yes	X No
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990, Part	IV, line 21, for any	
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is need	ded.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gr or assistance	
GTMF SUPPORT FACILITIES INC 4015 NORTH LAKE CREEK DRIVE #100 WILSON, WY 83014	45-3171312	509(A)(3)	0.	5,417,231.	FMV	BUILDINGS AND PROPERTY	TO PROVIDE FUNDING TYPE 1 SUPPORTING ORGANIZATION	FOR
2 Enter total number of section 501(c)(3) a	and government o	ganizations listed in t	he line 1 table		1	1	>	1.
3 Enter total number of other organization							>	

Part III can be duplicated if additional space is needed.	inted States. Con	ipiete ii trie organiz	ation answered res	to Form 990, Fart IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information red	guired in Part I. lin	e 2. Part III. columr	n (b), and any other a	dditional information.	
	,	, ,			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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. ► See separate instructions.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GRAND TETON MUSIC FESTIVAL, INC.

Employer identification number

23-7034152

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., 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 in 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			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
а	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		37
	The organization?	6a		X
b	Any related organization?	6b		_ <u>^</u>
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Populations section 53 4058 6(c)?	ı 0		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in prior Form 990
(1) DONALD RUNNICLES	(i)	161,079.	0.	0.	0.	0.	161,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)					<u> </u>		

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
EXPLANATION: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND
APPROVED ANNUALLY BY THE EXECUTIVE BOARD COMMITTEE.

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GRAND TETON MUSIC FESTIVAL, INC. **Employer identification number** 23-7034152

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)	•	_	
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of d		_	
		applicable		Form 990, Part VIII, line	noncash contrib	ution ai	mount	S
1	Art - Works of art				.3			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	6	142,045	FMV			
		- 21		142,043	, <u>111</u>			—
10	Securities - Closely held stock							—
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (WINE LOTS)	X	0					
26	Other (EVENT ITEMS)	X	0	36,118	FMV			
27	Other (
28	Other (
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
	•						Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 - 2	8, that it must hold for			
	at least three years from the date of the initial							
	the entire holding period?			•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard conf	ributions?	31		Х
	Does the organization hire or use third parties							
	contributions?		•			32a		х
h	If "Yes," describe in Part II.		•••••		•••••	- DEG		_
	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which column (a) is	checked			
	describe in Part II.	55idiriir (6) 1	o. a type of prope	it, ioi willon column (a) is	. 5.1.50R6G,			
LHA		the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (2013)

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013)

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number GRAND TETON MUSIC FESTIVAL, INC. 23-7034152

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: PATTY JAQUITH (DIRECTOR) AND DICK JAQUITH (OFFICER) ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A COPY IS PROVIDED AND APPROVED BY THE EXECUTIVE DIRECTOR AND BOARD TREASURER.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND

APPROVED ANNUALLY BY THE EXECUTIVE BOARD COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE FINANCIAL STATEMENTS WERE NOT MADE AVAILABLE TO THE THERE IS NOT AN APPROVED CONFLICT OF INTEREST POLICY. PUBLIC. CERTAIN WEBSITES LIKE CHARITY NAVIGATOR FOR EXAMPLE WILL DISPLAY THE 990 TAX RETURN INFORMATION UPON FILING.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FEES FOR SERVICES-OTHER:

1,047,320. PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

0.

0.

TOTAL EXPENSES 1,047,320.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

1,047,320.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

FUNDRAISING EXPENSES

Name of the organization GRAND TETON MUSIC FESTIVAL, INC.	Employer identification number 23-7034152
FORM 990, PART XII, LINE 2C	
EXPLANATION: THE OVERSIGHT PROCESS AND SELECTION PROCESS	FOR CHOOSING
THE INDEPENDENT ACCOUNTANT AND OVERSEEING THE AUDIT HAS N	NOT CHANGED
FROM THE PREVIOUS YEAR.	

SCHEDULE R (Form 990)

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.

➤ See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization ►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GRAND TETON M	USIC FESTIVAL, INC		_		E	mployer identific 23-70341	2ation no 252	umber
Part I Identification of Disregarded Entities Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	(e) me End-of-year		s Direct c	(f) controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more	e related tax-exen	npt 	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		Section 512(b) controlled entity? Yes N	
GTMF SUPPORT FACILITIES INC - 45-3171312							103	No
4015 NORTH LAKE CREEK DRIVE #100 WILSON, WY 83014	SUPPORTING ORGANIZATION	WYOMING	501(C)(3)	LINE 11A, I	N/A			х
For Denominals Deducation And Mating and the Instruction	l one for Form 000	1	1	I	<u> </u>	Cabadula D (Form of)O) 2042

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	income end-of-year allocations? amount in box allocations? 20 of Schedule		partn	l or Percentaging ownersh			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
										Ш	
										Ш	
<u> </u>]										

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t conti ent	(i) ction (b)(13) rolled tity?
		country)		or tracty		455515		Yes	No
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d	X	
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		X
	Performance of services or membership or fundraising solicitations by related orga						X
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati						X
	Sharing of paid employees with related organization(s)				10		Х
	• • • • • • • • • • • • • • • • • • • •						
g	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1a		Х
•	, , , , , , , , , , , , , , , , , , , ,						
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved		
		type (a-s)		-			
(1) G	TMF SUPPORT FACILITIES INC	В	5,417,231.				
(2) G	TMF SUPPORT FACILITIES INC	D	731,475.				
(3)							
(4)							
(5)							
(6)							

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.

(a)	(b)	(c)	(d)	(e Are	-	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are partner	all 's sec.	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated, excluded from tax	501(c orgs	c)(3) s.?	total	end-of-year	alloca	nate tions?	amount in box 20 Lof Schedule K-1	partne	ownership
		country)	under section 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	•
				\vdash				┢			\vdash	
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											\vdash	
								<u> </u>			\sqcup	
				\vdash				\vdash	\vdash		\vdash	

Schedule R	(Form 990) 2013	GRAND 1	ETON MUSIC	J FESTIVAL,	, INC.	23-7034152 Page 5
Part VII	Supplemental Info	ormation				
	Provide additional inform		ses to allestions on	Schedule R (see ins	structions)	
	1 TOVIGO GGGILIONALIMION	nation for respon	oco to questions on	r corredate 11 (bee inte	stractionoj.	
-						

Form 886	8 (Rev. 1·2014)					Page 2		
	re filing for an Additional (Not Automatic) 3-Month Ex	tension. c	complete only Part II and check this	hox				
	y complete Part II if you have already been granted an a							
	re filing for an Automatic 3-Month Extension, complete			00 1 01111				
Part II	Additional (Not Automatic) 3-Month E			al (no co	opies need	led).		
	,			•	-	see instructions		
Type or	Name of exempt organization or other filer, see instru-	ctions				n number (EIN) or		
print	Name of exempt organization of other filer, see instru	Lilipioyei						
File by the	GRAND TETON MUSIC FESTIVAL,		23-7034152					
due date for	Number, street, and room or suite no. If a P.O. box, so	Social se	ocial security number (SSN)					
filing your return. See	4015 NORTH LAKE CREEK DRIVE	ooolal sc	ounty numbe	, (OOIV)				
instructions.								
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applicati	on	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990	or Form 990-EZ	01						
Form 990	-BL	02	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)	09				
Form 990	-PF	04	Form 5227	10				
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069					
Form 990	T (trust other than above)	06	Form 8870					
STOP! Do	not complete Part II if you were not already granted	an auton	natic 3-month extension on a previ	ously file	ed Form 886	В.		
	GRAND TETON MUS							
• The bo	oks are in the care of > 4015 NORTH LAKE	E CRE	EK DRIVE #100 - WII	SON,	WY 83	014		
	one No. ► 307-733 -305 0		Fax No. ▶					
If the c	rganization does not have an office or place of business	s in the Ur	nited States, check this box					
	s for a Group Return, enter the organization's four digit (roup, check this		
box ▶ [☐ . If it is for part of the group, check this box ▶	1	ch a list with the names and EINs of					
4 I red	quest an additional 3-month extension of time until $f l$		BER 15, 2014					
5 For	calendar year 2013, or other tax year beginning		, and ending	ı				
6 If th								
	Change in accounting period							
7 Sta	State in detail why you need the extension							
AD	ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.							
8a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any					
non	refundable credits. See instructions.			8a	\$	0.		
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069			_				
tax	payments made. Include any prior year overpayment all							
pre	viously with Form 8868.	8b	\$	0.				
c Bal	ance due. Subtract line 8b from line 8a. Include your pa			0.				
EFT	EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$							
			st be completed for Part II o	nly.				
	ulties of perjury, I declare that I have examined this form, includiorrect, and complete, and that I am authorized to prepare this fo		anying schedules and statements, and to	the best o	f my knowledg	e and belief,		
Signature	➤ Title ► C	CPA		Date	>			
	,					868 (Rev. 1-2014)		