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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

2008

Department of the Treasury

Open to Public Inspection

L.,				<u>''</u>		state reportin	 		200
			ar year, or tax year beg	jinning 12/01	, 2008,	, and ending			009
B Ch	\neg	applicable	Please use	500 0113DTM11 D1111				yer Identification	
L	Addr	ress change	IRS label CULUKADU	500 CHARITY FUN	D			<u>0986727</u>	
L	Nam	ne change	or type 2561 FRII	ING PAN ROAD				one number	
_	Initia	al return	specific Instruc-	.0 01021			970	<u>-927-40</u>	010
L	Tern	nination	tions.						
	Ame	ended return			·		G Gross	eceipts \$	111,094.
	Appi	lication pending	F Name and address of princ			I	I(a) is this a group retu		' Yes X No
			SAME AS C ABOVE	<u> </u>		H	(b) Are all affiliates inc If 'No,' attach a list		Yes No
1	Tax-e	exempt statu	X 501(c) (3)	◄ (insert no) 49	47(a)(1) or	527	ii No, attacira iist	(see misaucilo	7113)
J,	Webs	site: N/	1	<u></u>		Н	(c) Group exemption n	umber >	
K ·	Type of	f organization	Corporation Trust	Association Other ►	L	Year of Formatio	n M	State of legal d	lomicile
Part	: 1	Summa	ry	 					
	1 8	Briefly descri	e the organization's mis	ssion or most significant	activities TO	O_PROVID	E_ASSISTANC	E IN TH	HE FORM OF
ایه	ي د	<u>SCHQLARŞ</u>	HIPS AND GRANTS	_TO_WORTHY_INDIY	VIDUALS_A	ND_ORGAN	NIZATIONS I	WESTE	RN
Activities & Governance	۷	COLORADO				<u>\</u>			
E	_				مرح الأحلا	2 7			
ò	2 C	heck this bo	t 🕨 🔲 if the organizat	tion discontinued its oper	ations or disp	Sad of mor	e than 25% of its		
8	3 N	lumber of vo	ing members of the gov	verning body Part (1, Vin	e 7a) \	1361		3	1
e s	4 N 5 T	atal aumber	ependent voting membi	ers of the governing body	A (Lau Alla lue	3 m		5	0
₹	6 T	otal number	of employees (Fart V, II of volunteers (estimate	ers of the governing body ine 2a)	1 18 1	₹ \		6	0
Aci	7a T	otal gross u	related business reveni	if necessary) ue from Part VII, line 12,	. cetumri\(CI)			7a	0.
	bΝ	let unrelated	business taxable incom	ne from Form 990-T, June	30			7b	0.
_				100	3		Prior Year	<u>' </u>	Current Year
	8 C	Contributions	and grants (Part VIII, Iir	ne 1h)			594,4		105,208.
			ce revenue (Part VIII, III	\ /			001,		
1		_		(A), lines 3, 4, and 7d)			5,	68.	5,886.
~~a" 1				lines 5, 6d, 8c, 9c, 10c, a	and 11e)				
MAY 1 4 2000	12 T	otal revenue	 add lines 8 through 1 	11 (must equal Part VIII,	column (A), li	ne 12)	600,2	201.	111,094.
⋛ 1	3 G	arants and si	nılar amounts paid (Par	t IX, column (A), lines 1-	.3)		96,6	63.	99,315.
≊ 1	14 B	enefits paid	o or for members (Part	IX, column (A), line 4)					
Expenses 1	5 S	alaries, othe	compensation, employ	ee benefits (Part IX, colu	umn (A), lines	5-10)			
Expenses	16a P	rofessional t	indraising fees (Part IX	, column (A), line 11e)					
E E	bΤ	otal fundrais	ng expenses (Part IX, c	column (D) line 25) >					
ኟ៲៲៓			s (Part IX, column (A),				15,3	158	24,248.
g 1		•		st equal Part IX, column ((A) line 25)		112,0		123,563.
			expenses Subtract line	•	(A), line 20)		488,1		-12,469.
	3 (evenue iess	expenses Subtract line	10 110111 111110 12			·		
Not Assets or Fund Balancos	. Т						Beginning of Y		End of Year
88 Z			Part X, line 16)				729,7	0.	717,256.
) p 2			(Part X, line 26)			•			0.
			fund balances Subtract	line 21 from line 20			729,7	27.	717,256.
Part	11	Signati	re Block						
		Under penalties	of perjury, I declare that I have	examined this return, including a parer (other than officer) is based	accompanying sche	edules and stater	ments, and to the best or	f my knowledg	e and belief, it is
		- 61	11 4	01 1 1			14//0	/	
Sign		AUG	Mare / BA	Genforn			17/7	//0_	
Here	•	Signature					Dafe /		
			CE DALLENBACH				PRESIDENT	,	
		Type or pr	t name and title					- 12	
						Date	Check if self-	(see inst	's identifying number ructions)
Paid		Preparer's signature	50111	(10)	111-	. / /	employed ►		
Pre- parei	r'e	signature	John Fo	· Collins C		1/20/10		P002	25335
Use	1 3	Firm's name (c				<u> </u>			
Only	,	yours if self employed), address, and	➤ 351 SOUTHSIDE	E DRIVE		·		4-12380)71
							1	(070)	007 4700
		ZIP + 4	BASALT, CO 81	1621			Phone no		927-4780
	he IR	ZIP + 4		l 621 er shown above? (see in:	structions)		Phone no		Yes No

COLORADO 500 CHARITY FUND

Form 990 (2008)

84-0986727

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Form 990 (2008) COLORADO 500 CHARITY FUND
Part IV | Checklist of Required Schedules

· u	Terresistation reduited deficulties			
			Yes	No
1	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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where 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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>X</u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
14:	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u>X</u>
١	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e ² If 'Yes,' complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		<u>X</u>
	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL	21	х	
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		x
				
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u> </u>
ł	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		_ <u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
		C	000	

Form 990 (2008) COLORADO 500 CHARITY FUND

Part IV | Checklist of Required Schedules (continued)

			162	INO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.	28a		 X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
3A/	1	Form	990 ((2008)

TEEA0104L 12/18/08

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 1a	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gam (gambling) winnings to prize winners?	ning 1 c	:	
2 a 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 2 a	0		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2t	<u> </u>	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	, .		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3t	<u> </u>	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a 4a		Х
b If 'Yes,' enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	<u> </u>	Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	50		
6a Did the organization solicit any contributions that were not tax deductible?	6 a	<u> </u>	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we deductible?	ere not 6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<u> </u>	ļ
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as requir			Х
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	ve		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
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 other 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?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year BAA	Forn	n 990 ((2008)

Form 990 (2008) COLORADO 500 CHARITY FUND 84-0986727 Page (
Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	ction A. Governing Body and Wanagement			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstance processes, or changes in Schedule O. See instructions	s,	Yes	No
1.	a Enter the number of voting members of the governing body	1		,
	b Enter the number of voting members that are independent 1b		!	i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 direct supervision of officers, directors or trustees, or key employees to a management company or other person?	n 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5 6		5	 	X
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8				
	a The governing body?	8a		X
1	b Each committee with authority to act on behalf of the governing body?	8b		X
9	a Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
١	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	10		X
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		X
Sec	ction B. Policies			
10.	a Door the eventuation have a well-or conflict of interest value 2 if Mail on to time 12	10-	Yes	No_
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		<u>X</u>
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u>X</u>
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		X
	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	14	\vdash	X
15		-1-4		
,				1
		15 a		
	a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization?	15a		X
	b Other officers of key employees of the organization?	15 a 15 b		
	b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxab	15b		X
16	b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemption.	15b		Ÿ
16 a	b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements?	15 b		X
16 a	b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements? ction C. Disclosures	15b		X
16: 1 Sec 17	b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements? ction C. Disclosures List the states with which a copy of this Form 990 is required to be filed NONE	15 b le 16a		X
16: 1 Sec 17	b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements? ction C. Disclosures List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available.	15 b le 16a		X
16: Sec 17 18	b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements? ction C. Disclosures List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply Own website. Another's website. X Upon request	15b 16a 16b availab	le for p	X
16: 1 Sec 17 18	b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements? ction C. Disclosures List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public	15b le 16a on 16b available available policy, ar	le for p	X
16: 1 Sec 17 18 19	b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements? ction C. Disclosures List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public.	15b le 16a on 16b available available policy, ar	le for p	X

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Form 990 (2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if the organization did no	ot compen	sate a	any (offic	er, e	directo	or, tr	ustee, or key employ	ee.		
(A)	(B)) (c)						(D)	(E)	(F)	
Name and Title	Average hours per week	Position (check all that app				hat app		Reportable	Reportable	Estimated	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
WALLACE J. DALLENBACH DIRECTOR	0							0.	0.	0.	
								·		,	
											
									 		
									<u>-</u> .		
								_			

TEEA0107L 04/24/09

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization > 0 BAA Form 990 (2008) TEEA0108L 10/13/08

Total revenue Related or function revenue Related or function revenue revenue and function revenue rev	Га	It viii Statement of Revenue				,
Total Add lines 1a-1			(A) Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Membership dues c Fundraising events d Related organizations. d Related organizations. 1	<u></u>	1a Federated campaigns 1a	· · · · · · · · · · · · · · · · · · ·			†
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of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a 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 11a b c d All other revenue e Total. Add lines 11a-11d P 12. Total Revenue. Add lines 1h, 2a, 3, 4, 5, 6d, 7d, 8c, 9c	111	8a Gross income from fundraising events	-			
c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold control of the sales of inventory Miscellaneous Revenue 11a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c	Ž					
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9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a 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 11a b c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2q, 3, 4, 5, 6d, 7d, 8c, 9c,	6	· · · · · · · · · · · · · · · · · · ·				
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 12 Total Revenue. Add lines 1h, 2q, 3, 4, 5, 6d, 7d, 8c, 9c						
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 12 Total Revenue. Add lines 1h, 2q, 3, 4, 5, 6d, 7d, 8c, 9c		9a Gross income from gaming activities				
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. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c		See Part IV, line 19				<u>'</u>
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. Add lines 1h, 2a, 3, 4, 5, 6d, 7d, 8c, 9c		b Less direct expenses b				
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. Add lines 1h, 2a, 3, 4, 5, 6d, 7d, 8c, 9c		c Net income or (loss) from gaming activities				
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. Add lines 1h, 2a, 3, 4, 5, 6d, 7d, 8c, 9c	l	· · · · · · · · · · · · · · · · · · ·				
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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. Add lines 1h, 2a, 3, 4, 5, 6d, 7d, 8c, 9c						
Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2a, 3, 4, 5, 6d, 7d, 8c, 9c						
to a line in the state of the s						
b	Į	Miscellaneous Revenue Business Code				
b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2q, 3, 4, 5, 6d, 7d, 8c, 9c		11 a				
d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2a, 3, 4, 5, 6d, 7d, 8c, 9c	l					
e Total. Add lines 11a-11d	l	,				
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h. 2g. 3, 4, 5, 6d. 7d. 8c. 9c						ļ
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,						
		12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,	111 094	5 886	0	

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A)	hut are not required to c	complete columns (R) (C) and (D)
All other organizations must complete column (A)) but are not required to t	ompiete columnis (b), (c), and (b).

All other organizations must com			7	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	54,198.	54,198.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	45,117.	45,117.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages.				-
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits.				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	709.		709.	
d Lobbying	, , , ,		,,,,,	
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees		·····		
5				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	18,466.		18,466.	
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 				
a MISCELLANEOUS	3,781.		3,781.	'
b SUPPLIES	1,201.		1,201.	
c VEHICLE	91.		91.	
,	71.		31.	
f All other expenses				
f All other expenses	122 562	00 21 5	24,248.	
25 Total functional expenses Add lines 1 through 24f	123,563.	99,315.	24,248.	0.
26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
ВАА				Form 990 (2008)

Page	1

•••	art A	Balance Sheet	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	. 281.	1	10,507.
	2	Savings and temporary cash investments	696,374.	2	673,677.
	3	Pledges and grants receivable, net	3		
	4	Accounts receivable, net	4		
	5	Receivables from current and former officers, directors, trustees, key employee or other related parties. Complete Part II of Schedule L	es, 18,000.	5	18,000.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net		7	
A S S E T	8	Inventories for sale or use		8	
Ť	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·	9	
•	I -	Land, buildings, and equipment cost basis 10a 15,07	2		·· ·· ·· · · · · · · · · · · · · · · ·
	1	Less accumulated depreciation Complete Part VI of	- 	<u> </u>	
	"	Schedule D 10b	15,072.	10 c	15,072.
	11	Investments – publicly-traded securities	13,012.	11	13,012.
	12	Investments – other securities See Part IV, line 11		12	·
	13	Investments – program-related See Part IV, line 11		13	
		Intangible assets		14	
	14	· ·		15	
	15	Other assets See Part IV, line 11	720 727	+ +	717 256
	16	Total assets Add lines 1 through 15 (must equal line 34)	729,727.	16	717,256.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	
L	19	Deferred revenue		19	
Ī	20	Tax-exempt bond liabilities	·····	20	
B	21	Escrow account liability Complete Part IV of Schedule D		21	
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
E		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
N E T		Organizations that follow SFAS 117, check here \blacktriangleright X and complete lines			
		27 through 29 and lines 33 and 34.			
SSE	27	Unrestricted net assets	729,727.	27	717,256.
т	28	Temporarily restricted net assets		28	
Ś	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here and complete			
FUZD		lines 30 through 34.			
D	30	Capital stock or trust principal, or current funds		30	
B A L	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
ANCES	33	Total net assets or fund balances.	729,727.	33	717,256.
5	34	Total liabilities and net assets/fund balances.	729,727.	34	717,256.
Pa	ırt XI	Financial Statements and Reporting			V N-
1	Acc	counting method used to prepare the Form 990 [X] Cash Accrual	Other		Yes No
2	a We	re the organization's financial statements compiled or reviewed by an independe	ent accountant?		2a X
	b We	re the organization's financial statements audited by an independent accountant	2		2b X
	rev	res' to 2a or 2b, does the organization have a committee that assumes responsi new, or compilation of its financial statements and selection of an independent a	iccountant?		2c
3	a As Aud	a result of a federal award, was the organization required to undergo an audit oi dit Act and OMB Circular A-133?	r audits as set forth in the	Single	3a X
	_	es, did the organization undergo the required audit or audits?	·		3b
BA	Α				Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

	ORADO 500 CHARI	ודי דוואה						1 ' -	986727			
Part			is (All organizations	must o	comple	ete this	part.					
			use it is: (Please check o					(000				
1	<u>~</u>		ociation of churches des				(1)(A)(i)).				
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)											
4	A medical research	organization operate	ed in conjunction with a h	nospital	describe	d in sec	tion 17	0(b)(1)(A	4)(iii) Er	nter the hos	pital's	
	name, city, and state.											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	1 1		art ii <i>)</i> 170(b)(1)(A)(vi). (Comple	te Part I	11.5							
9	_		more than 33-1/3 % of its		•	tributions	s. memb	ership fe	es, and o	gross receip	ls	
	from activities relate	d to its exempt function	ns – subject to certain exce ess taxable income (less	entions. a	and (2) r	no more t	than 33-	1/3 % of	its suppo	ort from aros	SS	ter
10	An organization org	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4). (se	e instruc	tions)		
11	more publicly supp	orted organizations of	exclusively for the bene described in section 509(zation and complete lines	a)(1) or	section	509(a)(2	ctions (2) See	of, or ca section	rry out th 509(a)(3	ne purpose:). Check th	s of on ne box	e or that
	a Type I	b Type II		l — Fund			ted		d 🗍	Type III-	Other	
е	By checking this bo	ox. I certify that the o	rganization is not control in one or more publicly s	led direc	tlv or in	directly	by one	or more ed in se	disquali ction 509	fied perso	ns othe	er
f		received a written de	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting (organizatior	٦,	
g	Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	oution fro	om any	of the f	ollowing	persons	,7		
											Yes	No
	(i) a person who below, the go	directly or indirectly everning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (III)	11 g (i)		
	-	ber of a person desc	- · · ·							11 g (ii)		
	(III) a 35% contro	lled entity of a persor	described in (i) or (ii) al	bove?						11 g (iii)		
h	Provide the following	ng information about	the organizations the org	anızatıo	n suppo	rts						
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your erning ment?	(v) Did y the organ col o your su	ization în (i) of	organizat	s the ion in col zed in the 3 ?	(vii) Amoun	t of Supp	ort
				Yes	No	Yes	No	Yes	No			
			•									
												
						<u> </u>						—
				 								
Total	· · · · · · · · · · · · · · · · · · ·						. <u>—</u> .					

1 41	Complete ash of variables	_				u 170(b)(1)(~\(\vi)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 or Part	1)			
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	128,252.	97,937.	108,544.	594,433.	105,208	1,034,374.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	128,252.	97,937.	108,544.	594,433.	105,208	1,034,374.
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)						0.
	Public support. Subtract line 5 from line 4						1,034,374.
Sec	tion B. Total Support						,
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	128,252.	97,937.	108,544.	594,433.	105,208	. 1,034,374.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	3,007.	7,002.	8,016.	5,768.	5,886	29,679.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10						1,064,053.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			1:	0.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, c	or fifth tax year as	a section 501	(c)(3) ►
	tion C. Computation of Pu						
	Public support percentage for 20		•	e 11, column (f)		14	
15	. ,,, ,,	,	•			<u> 1</u>	
16 a	33-1/3 support test — 2008. If the and stop here. The organization				the line 14 is 33-	1/3 % or more	, check this box
b	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported org	on line 13, or 16a ganization	, and line 15 is 33	3-1/3% or more	e, check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this	box and stop her	e. Explain in P	art IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain in Prited organization	art IV how the pn. ►
	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a			
BAA					Sch	nedule A (Form	990 or 990-EZ) 2008

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2004**(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1 2, 3 received from disqualified b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19 a 33-1/3 support tests - 2008. 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 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A	(Form 990 or	990-EZ) 200	8 COLORADO	500	CHARITY	FUND	84-0986727	Page 4
Part IV	Supplement	tal Inform	ation. Compl	ete this	s part to p	rovide the	84-0986727 explanation required by Part II, line 10 additional information. (see instructions	;
	r art ii, iiile	178 01 17	b, or rait m,	- 12	2. I TOVIGE	arry ourier	additional information. (see instructions	
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	 -				. – – – –			
					- 			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer Identification number

COI	LORADO 500 CHARITY FUND		84-0986727
Pai		Advised Funds or Other Similar Fur	nds or Accounts Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	lonor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or oth	nds may be ner Yes No
Pai	t II Conservation Easements Comple	ete if the organization answered 'Yes'	
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re		of an historically important land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a of the tax year	a qualified conservation contribution in the form	m of a conservation easement on the last day
			Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easer		2b
	: Number of conservation easements on a certif	• •	2c
	Number of conservation easements included in		
3	Number of conservation easements modified, year ►	transferred, released, extinguished, or termina	ited by the organization during the taxable
4	Number of states where property subject to co	nservation easement is located >	_
5	Does the organization have a written policy re- enforcement of the conservation easement it h	garding the periodic monitoring, inspection, vio	olations, and Yes No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements during	the year ►
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the	year ►\$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ection Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements		
Par		ctions of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, line	8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research in furthera	
t	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, not to report in its revenue statem ic exhibition, education, or research in furthers	nent and balance sheet works of art, historical ance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	\$
	(ii) Assets included in Form 990, Part X		> \$
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items	for financial gain, provide the following
	Revenues included in Form 990 Part VIII, line	1	* \$
ŧ	Assets included in Form 990, Part X		* \$

Schedule D (Form 990) 2008 COLO			orical Translures o	84-098	
3 Using the organization's accession that apply)	on and other re		· ·	significant use of its coll	ection items (check all
a Public exhibition		—	or exchange programs		
b Scholarly research		e [] Other			
c Preservation for future gener					
4 Provide a description of the orga Part XIV.		·	•		se in
5 During the year, did the organiza assets to be sold to raise funds in	ation solicit or re ather than to b	eceive donations of all e maintained as part	rt, historical treasures, of the organization's co	or other similar ollection?	Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported	istodial Arra an amount o	ingements Complon Form 990, Par	ete if organization t X, line 21.	answered 'Yes' to F	Form 990, Part
1a Is the organization an agent, true included on Form 990, Part X?	stee, custodian,	, or other intermediary	y for contributions or ot	her assets not	Yes No
b If 'Yes,' explain the arrangement					
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an a	mount on Form	n 990, Part X, line 21	7		Yes No
b If 'Yes,' explain the arrangement					
Part V Endowment Funds Co	mplete if org	janization answer	ed 'Yes' to Form 9	90, Part IV, line 10.	
	(a) Current ye	ear (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					<u> </u>
c Investment earnings or losses					
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					<u> </u>
g End of year balance					
2 Provide the estimated percentage	-	nd balance held as			
a Board designated or quasi-endov					
b Permanent endowment •	·8				
c Term endowment ►	₹				
3a Are there endowment funds not a organization by	n the possession	on of the organization	that are held and adm	inistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related of	organizations lis	sted as required on Se	chedule R?		3b
4 Describe in Part XIV the intended	d uses of the or	ganization's endowm	ent funds		
Part VI Investments-Land, B	uildings, an	d Equipment. See	e Form 990, Part X	, line 10.	
Description of investment	(8	a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
e Other			15,072.		15,072.
Total. Add lines 1a-1e (Column (d) she	ould equal Forn	n 990, Part X, column	(B), line 10(c))	<u> </u>	15,072.
BAA				Sched	ule D (Form 990) 2008

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Schedule D (Form 990) 2008 COLORADO 500 CHAR	TY FUND	84-0986727	Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	e 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	ue
Financial derivatives and other financial products			
Closely-held equity interests .			
Other			
Total (Column (b) should equal Form 990 Part X, col (B) line 12.) ►		· · · · · · · · · · · · · · · · · · ·	
Part VIII Investments—Program Related (See F	orm 990, Part X, Iu	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	ue
· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·	
		······································	
Total Column (b)(should equal Form 990, Part X, Col. (B) line 13.)	15)		
Part IX Other Assets (See Form 990, Part X,			
(a) De	scription	(b)	Book value
			
· · · · · · · · · · · · · · · · · · ·			
	**		

Total. Column (b) Total (should equal Form 990, Part X, co.	I (B) line 15)	•	
Part X Other Liabilities (See Form 990, Part)		<u>, , , , , , , , , , , , , , , , , , , </u>	
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(5)		
		\dashv	
			1
			1
	_		
		\neg	į
		\neg	İ
			i
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)	-		ì
In Part XIV, provide the text of the footnote to the organization	ion's financial statemen	ts that reports the organization's liability for i	incertain tay

Schedule D (Form 990) 2008 COLORADO 500 CHARITY FUND	84-09	86727	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments.			
5 Donated services and use of facilities			
6 Investment expenses .			
7 Prior period adjustments			
8 Other (Describe in Part XIV) .			
9 Total adjustments (net) Add lines 4-8			
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments			
b Donated services and use of facilities 2b	_		
c Recoveries of prior year grants	-		
d Other (Describe in Part XIV)	\dashv		
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3		
a Investments expenses not included on Form 990, Part VIII, line 7b. 4a			
b Other (Describe in Part XIV)		1	
c Add lines 4a and 4b	4c	 	
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		1 N/A	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		Jrn N/A	
1 Total expenses and losses per audited financial statements	1	 	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities 2a			
b Prior year adjustments	\dashv		
c Losses reported on Form 990, Part IX, line 25			
d Other (Describe in Part XIV)	-		
e Add lines 2a through 2d	2 e	 	
3 Subtract line 2e from line 1	3	ļ	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	_		
b Other (Describe in Part XIV)			
c Add lines 4a and 4b	4c	ļ	
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	<u> </u>	
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II. lines 3, 5, and 9, Part III, lines 1a and 4, Part line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	IV, lines	1b and 2b, P	art V,

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Schedule **D** (Form 990) 2008

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Schedule D	(Form 990) 2008 Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
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SCHEDULE 1	<u>ن</u>	Grants and Oth	er Assistance	o Organization	vi	i	OMB No 1545-0047
Form 990)		Governmen	ts and Individu	Governments and Individuals in the U.S.	•		2008
Separtment of the Treasury Internal Revenue Service	▼ Comple	<ul><li>Complete if the organization</li></ul>	on answered 'Yes,' on Factory on Form 99	ganization answered 'Yes,' on Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	21 or 22.	<u> </u>	Open to Public Inspection
Name of the organization CHARITY FUND						Employer identification number 84-0986727	rtion number
neral	ants and Assist	ance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	is to substantiate the grants or assistant	s amount of the gran	nts or assistance, the g	rantees' eligibility for th	ne grants or assistanc	e, and	Yes
2 Describe in Part IV the organization's procedures for monitoring the	procedures for moni		use of grant funds in the United States	States			]
Part II Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	ice to Governme recipient that recipient 990) if addi		zations in the Unit an \$5,000. Check theeded	Organizations in the United States. Complete if the organization answered 'Yes' on Form more than \$5,000. Check this box if no one recipient received more than \$5,000. Use lace is needed	e if the organizat ecipient received	ion answered 'Ye more than \$5,00	ss' on Form 0. Use
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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALCOLM SMITH MOTORSPORTS FOUNDATION 7599 INDIANA AVENUE	NOI	501 (C) (3)	6, 650.	.0	, income		
2 Enter total number of section 501(c)(3) and government organization 3. Enter total number of other organizations.	) and government o	rganizations				<b>A</b> A	52
ا سا	ction Act Notice, se	e the Instructions fo	or Form 990.	TEEA3901L 12/19/08	12/19/08	Schedu	Schedule 1 (Form 990) 2008

Page 2 Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 84-0986727 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 45,117 (c) Amount of cash grant 19 COLORADO 500 CHARITY FUND (b) Number of recipients SCHOLARSHIPS AND PERSONAL ASSISTANCE (a) Type of grant or assistance Schedule I (Form 990) 2008 Part IV Part III

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#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Employer identification number 84-0986727 COLORADO 500 CHARITY FUND FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED.